



Availability June 23 (volunteer shifts will be 2–3 hours in length):

Earliest:

Latest:

One June 23, what method(s) of transportation will you have access to (volunteers are placed in roles according to where they live and their access to transportation)?

- Walking       Cycling       Transit       Driving

Your t-shirt size (all volunteers receive a free volunteer shirt):

- S     M     L     XL     XXL

Do you have experience in any of the following areas?

- |  |  |
|--|--|
| <input type="checkbox"/> Event Planning      | <input type="checkbox"/> First Aid Certification (Current) |
| <input type="checkbox"/> Leadership          | <input type="checkbox"/> Lifting 20 lbs or more            |
| <input type="checkbox"/> Bike Repair         | <input type="checkbox"/> Foodsafe                          |
| <input type="checkbox"/> Experienced Cyclist |  |

Emergency contact

First name:

Last name:

Phone:

Email:

Relationship:

In consideration of the acceptance of my application and the permission to participate as a volunteer in Canadian Mental Health Association's Ride Don't Hide to support individuals recovering from mental illness on Sunday June 24th, 2018. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOR-EVER DISCHARGE Canadian Mental Health Association and all its Branches, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, directors, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, volunteer, or otherwise, whether prior to, during or subsequent to the event. AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic electronic communication from the Canadian Mental Health Association regarding my volunteer activity. Personal information collected by Canadian Mental Health Association is for volunteer purposes only, and will only be shared with the specific branch of the Canadian Mental Health Association I am volunteering for. Further, I hereby grant full permission to any and all the foregoing to use any photography, video tapes, motion pictures, recordings or any other record of this event for promotional purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my volunteer participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY.

I am 19 years or older, or I am the legal parent or guardian of the participant

I accept the waiver

\_\_\_\_\_  
Volunteer's signature (or parent/guardian's signature if volunteer is under 19 years of age)

\_\_\_\_\_  
Date

- I would like more information on Canadian Mental Health Association (CMHA) volunteer opportunities
- I would like to receive CMHA monthly newsletters from the branch nearest to me
- I would like to donate to Ride Don't Hide
- I would like information on becoming a member of CMHA