



Georgian Riding Association for Challenged Equestrians

ANNUAL FALL RIDE - A - THON FUNDRAISER
for RIDERS and NON-RIDERS

Ride-a-thon Date: Saturday October 19, 2024

Time: 12 noon to 3:00pm Trail Ride leaves 12:30 pm sharp - Wagon ride leaves 1:00 pm sharp

**Location: The DeVries Farm, Dual Acres,
300218 Grey Road 170, Shallow Lake, ON**

Non Riders & Riders: Bring your Pledge Sheet (minimum \$25) and your horse and ride our beautiful Trails.

Charitable Tax receipts will be issued for individual pledges of \$25 or more.

If you are unable to solicit pledges to meet the minimum amount, come and ride on one of our team-drawn wagons!!

A Donation to the GRACE Program would be greatly appreciated. Waiver form signature required.

A GREAT RIDE FOR A GREAT CAUSE!!

For more information call : Aunalea – 519-371-6539 Renee - 519-270-3610

Nancy – 519-374-7643 or email us at info@graceriding.ca

******Waiver below must be signed in order to participate******

I, _____ confirm my understanding that by reason of the waiver I must sign before participating in the Ride A Thon, that the sponsors of the event, the owners of the properties on which the ride takes place and any other persons connected with the ride shall not be held responsible for any accident or injury which may occur to any person, animal, or property, before, or after the ride. I further confirm my understanding that I take part at my own risk. IN consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in the Ride A Thon on behalf of my heirs, executors, administrators, and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the municipalities through which the ride will take place, as well as any other person connected with the ride, their heirs, administrators, successors and assigns for any and all injured, however caused, which I may suffer while taking part in the ride or as a result of.

Participant Signature: _____

Date: _____

Signature of Parent/Guardian: _____ (if participant is under the age of 18, or where otherwise required)

