



2018 Exotic Car Therapy 50-mile Charity Bike Ride Pledge Form

Donations can be made per mile or a fixed amount. Make checks payable to "Exotic Car Therapy"
 Questions? Call Mark Beilfuss at 727-505-8052 or email info@exoticcartherapy.org

NAME	PHONE #	AMT PER/MILE	BIKED	OWED	PAID

Each rider must turn in all collected money and this pledge form to ECT before or on November 10th. Riders are encouraged to turn in their collected money at the time of registration on the day of the ride. Each rider needs a separate pledge form.

PAID \$ _____

Rider Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Waiver: In consideration of the foregoing and for participating in the event over the route described, I, for myself, my heirs and executors, and administrators, waive and release all rights and claims for damages I may have against the sponsors or organizers of this event, or any and all claims of damage, demands, and actions whatsoever which may arise as a result of my participation in this event.

Participant's Signature _____ Parent/Guardian Signature if Participant is under the age of 18 _____