



WAIVER: In consideration of being permitted to participate in this event, I hereby for myself, my heirs and personal representatives assume any and all risk which might be associated with the event, and further waive release discharge and covenant not to sue Shareing and Careing, NYC H.O.G. or Harley-Davidson of NYC, its Officers, Members, Sponsors, Organizers or other Representatives, or their Successors and assigns for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the event, and any related activities.

PARTICIPANT'S PRINT NAME

PARTICIPANT'S SIGNATURES

	SPONSOR'S LAST NAME	SPONSOR'S ADDRESS	DONATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
<u> </u>		TOTAL PLEDGE	

Please make your contribution payable to: Shareing and Careing

45-02 Ditmars Boulevard Suite 1066

Astoria, NY 11105 Remember to bring your sponsorship sheet with you with your collected donation on day of the event.

SHAREING & CAREING mission is to ensure that survivors receive appropriate services with the hope that many will experience improvement in functional ability, health status and quality of life. Our role is collaborative process of assessment, planning facilitating, and advocacy to meet a cancer survivors health needs. The Breast Cancer survivors, both staff and trained volunteers of SHAREing & CAREing have been there.