

## Registration Form

Climb the Wall: The Stairclimb for Clean Air 2018 February 18th 2018

## Personal Information

	JII				<ul><li>Female</li><li>Male</li></ul>
First Name		Last Name		O 1/14/10	
Birthday					
Home Address		Province		Postal Code	
Primary Phone #		Work Phone #			
Email Address					
Company Name		Occupation			
T-Shirt Size	○ Small	OMedium	○ Large	○ X-Large	○ XX-Large
Participant Divisior	n				
	pace (non-con				
Team Information <sup>M</sup>	inimum 4 people per	team .			
Team Name				_	
My Team Captain Is	/ I am the Co	aptain of			
Do you want to star List their name(s) he		nds?			

Payment Information  Mastercard	O Visa	○ Cheque
Card Number		
/-	/	/
Expiry Date	Signat	
—/—		
Confirmation & Limitation	of Liability	
		airclimb for Clean Air 2018 (referred to as "Climb 2018"), to sociation, hereby confirms and agrees as follows:
1. To raise a minimum of \$12	5 in donations/pledges.	
	ned sufficiently to partic	ous physical activity and endurance and confirm that I am pate. The BC Lung Association reserves the right to restrict your ise.
3. I understand that my registr	ation fee for Climb 201	8 is non-refundable and non-transferable.
		ons given by the buildings security guards or other event offee enjoyment of the event by the other participants.
5. I grant full permission to the activity without obligation or li	_	o use any likeness of me participating in any Climb 2018
any representatives, I release of their directors, officers, agents and save them harmless from any kind, including lawyers fee	and discharge the BC Lu and employees collective any and all actions, cla es which may result by re	n to Climb 2018, and on behalf of my dependents, heirs and ang Association and any and all sponsors of Climb 2018 and vely referred to as the organizers), jointly and severely and hold ims, demands, liabilities, loss, damage, injury or expense of eason of my participation in any activity related to or arising ce of the organizers or otherwise.
7. I certify that unless indicated February 18, 2018	d otherwise by the ackno	owledgement of my parent or guardian I will be 16 years old by

Please submit your registration form and fee to the BC Lung Association via email, fax or online at:

Date (DD/MM/YY)

Signature

2675 Oak Street. Vancouver, BC V6H 2K2 Fax: 604-731-5810 www.bc.lung.ca