

FIGHT FOR AIR CLIMB

plaza tower • tallahassee, florida

November 23, 2013

Registration Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Email: _____

Birth Date: _____ Gender: Male Female

T-shirt Size: Small Medium Large X-Large XX-Large

My Employer: Yes, they have Matching Gifts / Company Name: _____

Please Select ONE of the following registration categories

I will be climbing: Individual Member of a Team: _____

Early Bird Registration: \$15 (through October 13th) General Registration: \$25 **Ages 10 and up only**

Fundraising Minimum is **\$100**. All participants must be registered and have a MINIMUM of \$100 in fundraising to

participate. **Only check here and initial if you would like your card to be charged for the registration fee and the**

fundraising minimum. _____

Payment Information: Checks are accepted, payable to the American Lung Association in Florida, and must accompany this form. Credit Card: Visa Master Card Am Ex Discover

Name on Card: _____

Card #: _____ Exp: / / Security Code: _____ TOTAL: \$ _____

Waiver & Release of Liability

I waive to the fullest extent permitted by law for myself, my heirs and personal representatives any and all claims I may have for damages against the Released Parties (i.e. American Lung Association, Tallahassee, and all individuals or entities associated with the Fight For Air Climb-Tallahassee, their representatives, successors, and assigns, resulting from injuries or other losses, without limitation, suffered by me in connection with this event, including pre- and post-race activities. I will indemnify and hold harmless the Released Parties to the fullest extent permitted by law from all claims for damages by any person or entity where his or its claim relates to an injury to me, or to an injury to another caused in whole or in part by me. I have been warned that I must be in good health, and I attest that I am physically fit and have trained sufficiently for the event. I shall at all times comply with instructions given by the building's security guards or other event officials and shall not interfere with the safe enjoyment of the event by the other participants. This waiver shall in no way obligate any Released Party to ensure my safety. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event for any purpose. I agree to the fundraising minimum requirement of \$100 that must be fundraised before or by the date of the Fight For Air Climb-Tallahassee in order to receive my event materials to participate. I understand that the American Lung Association is a non-profit organization and does not give refunds.

Signature: _____

Signature: _____

(Parents/ guardian's signature if under 18 years of age)

Emergency Contact Information:

Emergency Contact Name and Phone Number: _____

Allergies: _____ Conditions: _____

Please mail this form and registration fee to:

Attn: FIGHT FOR AIR Climb/Tallahassee

American Lung Association in Florida

539 Silver Slipper Lane, Suite A Tallahassee, FL 32303

You may also register online at

www.ClimbTallahassee.org

If you have any questions, please contact Patty

Ballantine at (850)241-1003 or

eventstallahassee@lungfla.org