



3rd Annual Fight For Air Climb Palm Beach
Saturday, November 21, 2011

Registration Form

ALL PARTICIPANTS ARE ENCOURAGED TO REGISTER ONLINE AT
www.FightForAirClimbPalmBeach.org
*PLEASE PRINT ALL INFORMATION.

All Information Must Be Complete For Registration To Be Valid.

LAST NAME: FIRST NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE NUMBER: BIRTH DATE (MM/DD/YY):
E-MAIL:

T-SHIRT SIZE: (Circle One) S M L XL XXL SEX: FEMALE MALE

REGISTER AS: Climber Firefighter - Full Gear with Tank Combat - Firefighter not in Full Gear

TEAM TYPE: Corporate Family & Friends Law Enforcement Combat (Firefighters - No Gear)
Firefighters (all members must be in full gear with tank)

TEAM NAME: ARE YOU THE TEAM CAPTAIN: Yes No

FUNDRAISING GOAL:
Number of Team Participants:
Amount of Money Raised:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NUMBER:

QUESTIONNAIRE:

- 1. Did you participate in this event last year? Yes No
2. Are you participating in memory or honor of someone with lung disease? Yes No
2. If yes, are you willing to share your story? Yes No
3. Please keep my incentive prize that I might earn as an additional gift to the event? Yes No
4. Would you like to join the American Lung Association Advocacy Network? Yes No
5. How did you hear about the Stair Climb?

SELECT REGISTRATION FEE:

Note: All registered participants are required to raise a minimum of \$100 in addition to the registration fee below, to be raised before stair climb date.) Registered climbers receive: t-shirt, towel, medal, and refreshments at Post Party.

_____ **\$15 Early Bird Adult (ages 18+) Registration - if paid by October 1, 2011**

_____ **\$25 Adult Registration - October 2 through November 13, 2011**

_____ **\$35 Late Adult Registration – Monday, November 14 through November 19, 2011**

_____ **\$15 Youth Registration – age 10 to 17**

_____ **\$100 Minimum Fundraising Donation**

_____ **\$10 Spectator Donation** Spectators get to join in and enjoy refreshments at continuous Post Party. (T-shirts may be purchased upon availability.)

_____ I am unable to climb or attend, but please accept my enclosed donation of \$_____.

Total: _____

Circle One: Mastercard, Visa, Discover, American Express

Card # _____

Expiration Date _____

Signature _____

Check Enclosed •

PARTICIPATION WAIVER: (Spectators/Donors please ignore.)

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 Phillips Point II, LLC, Metropolitan Life Insurance Company, Fleet Feet Sports, Colonnade Properties and American Lung Association in Florida (collectively, the “Released Parties”) and all individuals or entities associated with Fight for Air Climb Palm Beach, and the representatives, successors and assigns of the Released Parties, resulting from injuries or other losses suffered by me in connection with the Event, including pre Event and post Event activities. I hereby 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 such claim relates to an injury to me or 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 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 other participants. This waiver shall in no way obligate any Released Party to ensure my safety.

I agree to the fundraising minimum requirement of \$100, which must be turned in before or on the date of the climb in order to receive my bib and timing chip and permission to climb. I understand that this is a non-smoking event.

****Participant Signature** _____

(If under 18, must be signed by a parent or guardian.)

All information must be complete, accurate and turned in by November 15th.

For more information please contact the Fight for Air Climb Palm Beach Team at (561) 659-7644.

Make checks payable to and mail completed form to:

**American Lung Association
2701 N. Australian Avenue, Suite 100, West Palm Beach, FL 33407**

Phone: (561) 659-7644 / Fax: (561) 835-8967

E-mail: eventspalmbeach@lungfla.org

