



Climb the Tower 2008



**AMERICAN
LUNG
ASSOCIATION®**
of Pennsylvania

FOR INFORMATION:
mmelcher@lunginfo.org
www.phillystairclimb.lunginfo.org
610-941-9595
610-825-8143 (fax)

Where: The Bell Atlantic Tower
1717 Arch St. Philadelphia, PA

When: Saturday February 16, 2008
Beginning at 8:30 A.M

What: The American Lung Association
Timed Stair Climb Race

Why: To stop lung disease in its TRACKS!

To register please fax or mail bottom portion along with payment to :
American Lung Association 527 Plymouth Road Suite 403, Plymouth Meeting, PA 19462

The official registration and financial information of the American Lung Association of Pennsylvania may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Date of Birth ___/___/___ Age: _____ (as of 2/13/08) Gender: M F

I will be climbing as: Individual Team / Team Captain Team / Team Member

Relay Team Member (2 climbers only. Each relay team member must fill out a registration form)

Name of Team: _____ Est. Time to complete climb: _____ minutes

\$40 Early Registration Fee (before Jan. 1, 2008) \$50 Registration Fee (after Jan. 1, 2008) (Reg. fees count towards fundraising goals)

\$40 Registration Fee (ID will be required for packet pick up) for: First Responder Armed Forces Member Student (with ID)

Please accept my donation of \$ _____ T-shirt size: (T-shirt provided at \$100 fundraising level) _____

I would like to be a Stair Climb Volunteer; please contact me.

Check enclosed MasterCard Visa American Express Discover Card #: _____ Exp Date: _____

I HAVE READ AND UNDERSTAND THE EVENT WAIVER BELOW.

The undersigned, a participant in the American Lung Association of Pennsylvania's "Climb the Tower" Stair Climb (the "Event") to be held on February 16th, 2008 at the Bell Atlantic Tower, Philadelphia (the "Project") agrees as follows: • I understand that participation in the Event will require strenuous physical activity and endurance and that it involves risk of injury and accidents. I am aware of the risks inherent in running, climbing stairs and other exercising (collectively "Stair Climbing") and expressly assume all responsibility for Stair Climbing in my present physical condition. • I certify that I am physically fit and I have sufficiently trained for the Event. I agree that my use of the Project facilities is at my own risk. I hereby waive all claims against the American Lung Association of Pennsylvania, the event sponsors, and any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ Date: _____