



Stair Heroes Team Member Information

Organization Name:

Team Member Name:

Are you competing in the recreational or competitive category?

First name:

Date of Birth:

Last name:

Phone Number:

Sex:

Email address:

Street Address:

City:

Postal Code:

Do you wish to participate as a fundraiser for the Lung Association of Nova Scotia? YES NO

WAIVER:

I understand and agree that I am voluntarily participating in the 2019 Stair Heroes event on February 16th, through The Lung Association of Nova Scotia, at my own will and risk. Furthermore, I understand that participating in a stair climb is a potentially dangerous event and certify that I am medically fit to participate without risk to myself.

By registering, I understand and agree that The Lung Association of Nova Scotia as well as the event partners will not be liable for injuries, losses, damages, claims, actions and/or any liability resulting from participation in this event. I also give my permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any other account in any medium of this event.

Do you agree to Stair Heroes Waiver? YES NO

Please complete all of the above registration information.

The Lung Association of NS will contact you about important event updates, as well as to provide the option to fundraise, should you wish to do so.