

**FIREFIGHTER  STAIRCLIMB**  
**CHALLENGE**

**JOIN A TEAM!**

**START A TEAM!**

**JOIN AS AN INDIVIDUAL!**

# Registration Form

**Please Print Clearly**

## Who can join?

This charity event is open exclusively to firefighters: professional, volunteer or retired.

## PARTICIPATION OPTIONS

You can either **DONATE \$200** now with your registration **OR** you can **FUNDRAISE** the \$200 required by April 5, 2016. We'll hold your place in registration until that date and then will release your spot to someone else.

### Select one Participation Type:

- I'm a **Calgary area** firefighter and **will be fundraising** for my \$200 registration fee. I will have the money raised prior to APRIL 5, 2016 or I will lose my registration
- I'm a **Calgary Area** firefighter **donating** my fee now myself when I register - \$200.00
- I'm from **outside of Calgary** and **will be fundraising** for my \$200 registration fee. I will have the money raised prior to APRIL 5, 2016, or I will lose my registration
- I'm from **outside of Calgary** and **donating** my fee now myself when I register. - \$200.00

Your Fundraising Goal: \$ \_\_\_\_\_  
\*Suggested Goal: \$500.00

Would you like to make an additional gift? \$ \_\_\_\_\_

## REGISTRATION

Please complete the registration information below

### Personal Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender (check one): M  F

Employer: \_\_\_\_\_

### Contact Information (same as credit card billing address if paying now):

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Check if you are you climbing in honour or in memory of someone?** If yes, fill out the fields below and a poster will be placed in the stairwell for the person you are honouring or remembering.

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Check this box if this person is deceased.**

**Additional Information**

1. Are you participating in your full turnout gear? (Only participants in their full gear will be timed)

Yes  No

2. What is your job type (ie. retired, volunteer, employed): \_\_\_\_\_

3. What is your rank (ie. Firefighter, Captain, Lieutenant, Chief, Deputy Chief, Officer): \_\_\_\_\_

4. Which fire department are you representing?

Calgary  Red Deer  Edmonton  Toronto  Other

5. If not listed, which department? \_\_\_\_\_

6. What sized t-shirt would you like? (shirts come in men's and women's as per your gender indicated above)

Small  Medium  Large  Extra Large  XXL

**TEAMS**

**Create a new team!**

Team Name: \_\_\_\_\_ Team Fundraising Goal: \$ \_\_\_\_\_

**Join a team!**

Please enrol me in TEAM NAME (existing): \_\_\_\_\_

**GENERAL**

- I would like to be emailed when a gift is made on my behalf.
- No I would not like to receive communications from Wellspring Calgary

**PAY MY FEE NOW (Credit Card Processing)**

Gift Amount: \$ \_\_\_\_\_ Anonymous? Yes  No

Is this gift being made on behalf of AN INDIVIDUAL  A COMPANY

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email Address: \_\_\_\_\_

Credit Card TYPE Visa  Mastercard  Amex

Credit Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (MM/YY) CVV Number (back of card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thanks for Registering**

Thank you for registering for the Firefighter Stairclimb Challenge!  
*See you on Sunday May 1, 2016!*

[www.calgarystairclimb.com](http://www.calgarystairclimb.com)



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY  
AND MEDIA RELEASE

**By signing this document, you waive certain legal rights, including the right to sue.  
PLEASE READ CAREFULLY!**

In consideration of allowing me to participate in the **Firefighter Stairclimb Challenge** being held in Calgary, Alberta, on or about **May 1, 2016**, (the "**Event**") that is organized, facilitated by, and/or held at facilities owned or under lease by Encana Corporation and its affiliates, subsidiaries, partnerships, and agents (collectively, "**Encana**"), or by the City of Calgary, The Firefighter Stairclimb Challenge (the "**Event**"), the Calgary Firefighters Benevolent Society, Wellspring Calgary, the City of Calgary, the Calgary Fire Department, H&R REIT, Draeger (collectively, the "**Released Parties**") (collectively, the "**Program**"). I hereby release the Released Parties and their respective affiliates, officers, directors, employees, servants, agents, representatives, consultants, and contractors (collectively, the "**Personnel**"), from, against, and in respect of, any and all claims, actions, causes of actions, damages, losses and expenses of any kind whatsoever in respect of any injury (including death), loss or damage to my person or property, or other damage or loss of any nature whatsoever that I may suffer (the "**Losses**"), arising out of or in connection with my attendance or participation in the Event, notwithstanding that such injuries or losses may have been caused (solely or partly) by the negligence of the Released Parties or the Personnel.

I hereby waive as against the Released Parties and the Personnel any and all claims I may now or may in the future have, and agree to hold harmless the Released Parties for any claim, arising from or related to the Losses, and I agree not to sue either the Released Parties or the Personnel in respect of same. I further agree and acknowledge that:

1. I have met all the prerequisites required for participation in the Event, and shall abide by the rules and regulations imposed on the participants in the Event. I have voluntarily agreed to participate in the Event, and agree that it remains my sole responsibility to conduct myself in a manner that ensures my own safety.
2. I am aware of the risks inherent in the Event and knowingly, fully, and voluntarily assume such risks, both known and unknown, whether foreseeable or not, including, but not limited to, the possibility of personal injury (including death) or any other loss or damage of any nature that may result or be caused by my attendance or participation in the Event.
3. I willingly accept the above risks and agree to the terms of this Release even if the Released Parties and/or any of their Personnel are found in law to be negligent or in breach of a duty of care or any other legal obligation to me in their conduct or omissions with respect to the Event.
4. If I am injured as a result of participating in The Firefighter Stairclimb Challenge, the Released Parties may secure such medical advice and services as they, in their sole discretion(s), may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
5. This Release is binding on me, and my heirs, executors, administrators, personal representatives and assigns.
6. **I grant the Released Parties permission to use, for promotional purposes only, any film, footage, audio tapes and/or photographs of myself, in whole or in part, taken of me while participating in The Firefighter Stairclimb Challenge. I further relinquish any monetary claim against the Released Parties, and agree that the film, footage, audio tapes and/or photographs may be duplicated and distributed for the educational and promotional purposes of the Released Parties.**

**I HAVE READ THIS FORM AND UNDERSTAND THAT BY SIGNING BELOW I WAIVE MY LEGAL RIGHT TO SUE THE PARTIES IF I AM INJURED OR DIE WHILE PARTICIPATING IN THE FIREFIGHTER STAIRCLIMB CHALLENGE.**

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Personal information is collected pursuant to the Freedom of Information and Protection of Privacy Act (FOIP), Section 33, (RSA 2000) for the purposes of liability protection for The Parties. If you have any questions or concerns regarding the collection of this information during registration you may contact Wellspring Calgary, FOIP program administrator (Executive Director).