



REGISTRATION FORM

Complete and mail or fax this form with your registration fee to:

Cystic Fibrosis Foundation
740 Lakeview Plaza Blvd., Suite 225
Worthington, OH 43085
Phone: (614) 846-2440 Fax: (614) 846-2472

centralohio.cff.org/commitclimb

CLIMBER INFORMATION:

Climber Name: _____ Employer: _____

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

Phone: _____ E-mail: _____ T-shirt (adult sizes): Med ___ Large ___ XL ___ XXL ___

REGISTER FOR ONE OR MORE CLIMBING EVENTS:

SOLO CLIMB \$50

2-PERSON RELAY \$50

4-PERSON RELAY \$50

Team name is: _____

Team name is: _____

Relay team members must complete and submit their own registration form. One check can be submitted for all team members, if desired.

OTHER RELAY TEAM MEMBERS:
(if applicable)

TEAM LEADER:
(if applicable)

Name

Employer

Phone

REGISTRATION FEE:

(make check payable to "CFF")

\$50 per event, per person:

Number of events: _____

Number of people: x _____

= _____

x **\$50**

Total amount Due: \$ _____

CREDIT CARD PAYMENT:

Visa

MasterCard

Discover

AMEX

Card Number: _____ / _____ / _____ / _____ Exp. Date: _____ / _____

Name on Card: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

CLIMBER WAIVER:

I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my property which may be caused by any act or failure to act by the Cystic Fibrosis Foundation, its officers, agents, or employees arising directly or indirectly from my participation in this event and I hereby assume full liability for any loss, damage or other liability from such event.

Climber Signature (must be over 18 years of age)

Date