

2010 Life without Limits Challenge

REGISTRATION FORM

Individual Name _____

OR

Team Name _____

Team Captain _____

CHOOSE YOUR CITY! (Please circle) **Calgary** – Saturday, Sept 18 **Edmonton** - Sunday, Sept 19

CHOOSE YOUR CHALLENGE!

5 KM Run, Walk n' Wheel Challenge (Participants must bring their own bike and/or wheelchair and helmet)

20 KM Bike Challenge (In Calgary Only)

How will you be participating? (Please circle)

Run Walk Bike Adapted Bike Motorized Wheelchair Wheelchair Other: _____

Name <small>(Begin with Captain if registering team. Parent/guardian signature is required for participants under 18 years of age)</small>	Shirt Size <small>Youth (S, M, L, XL) Adult (S, M, L, XL, XXL)</small>	Street Address	Postal Code	Daytime Ph.#	Email
1. Print name:					
Signature:					
2. Print name:					
Signature:					
3. Print name:					
Signature:					
4. Print name:					
Signature:					
5. Print name:					
Signature:					

4 Ways to Register:

Online: www.lifewithoutlimits.ca

Phone: 1.800.363.2807 ext: 233

Mail: Mail this form to Cerebral Palsy Association in Alberta:

<i>Calgary</i>	<i>Edmonton</i>
Life without Limits Ability Center	17231 105 Ave
12001 – 44 St SE	Edmonton, AB T5S 1H2
Calgary, AB T2Z 4G9	

Fax: Fax this form to Cerebral Palsy Association in Alberta in Calgary at (403)543.1168 or Edmonton at (780) 471.0855

Thank you for supporting the Cerebral Palsy Association in Alberta. As a 2010 event participant, not only are you helping to raise funds and awareness for cerebral palsy and other disabilities province-wide, but you are provided the opportunity to exercise, challenge your mind and body and have fun, all the while taking pride in knowing that your generous contribution is truly making a difference in the lives of those affected by cerebral palsy and other disabilities – ultimately helping to create life without limits!

WAIVER: In signing above, I (we) acknowledge that I (we) understand the intent thereof and I (we) agree and absolve and hold harmless the Cerebral Palsy Association in Alberta (CPAA), corporate sponsors, cooperating organizations and any other parties connected with this event in any way singly or collectively from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 2010 Life Without Limits Challenge or any activities associated herewith. I (we) hereby consent to and permit emergency treatment in the event of injury or illness. I (we) also give full permission for use of my name and or photo in connection with CPAA events, future publications and promotions of CPAA and any related initiatives and events.

Participant Signature: _____ **Signature of Parent/Guardian(if under 18 years):** _____ **Date:** _____