



# It's "Time to Climb" Again!!! 22<sup>nd</sup> Annual Stair Climb

March 4, 2010 at Corning Tower, Empire State Plaza – Albany, NY  
Registration begins at 4:00pm

## 2010 Registration Form

Please Print Clearly – Clear and Accurate Information is needed for Timing System Entry

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
AGE ON RACE DATE \_\_\_\_\_ GENDER (circle one) Male / Female  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\*The first 450 registrants will receive an official Stair Climb T-shirt **SHIRT SIZE:** MED LG XL XXL (circle one)

- Individual \$65** (\$45 is tax-deductible)
- Individual "U Can Do It!" Climb (un-timed) \$50** (\$30 is tax-deductible)
- 4-Person Relay Team \$250** (\$170 is tax-deductible)
- Corporate 4-Person Relay Team \$500** (\$420 is tax-deductible)  
(Includes signage with logo & listing in event program)

TEAM NAME (if applicable) \_\_\_\_\_  
SCHOOL/COMPANY \_\_\_\_\_

### PAYMENT

\*Please make checks payable to the Cystic Fibrosis Foundation

TYPE OF CREDIT CARD: MasterCard Visa Discover American Express

CREDIT CARD PAYMENT AMOUNT: \$ \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ VER. #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(This signature authorizes the CF Foundation to charge the credit card number above the stated and agreed upon amount.)

### WAIVER

I agree to indemnify and hold harmless the Cystic Fibrosis Foundation and the Office of General Services from all costs, expense, and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I hereby waive all claims by an act, or failure to act by the CFF, its officers, agents, or employees and by sponsoring organizations arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage, or other liability from such an event. Important: participants under the age of 18 must have this form signed by a parent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(If participant is under 18)

**Help us make CF stand for Cure Found, by helping us reach our goal of at least \$100 per climber!**

**YOU CAN REGISTER ONLINE TODAY:  
<http://neny.cff.org/stairclimb>**

Because of risks to people with cystic fibrosis (CF), individuals with a confirmed positive sputum culture for *Burkholderia cepacia* complex shall not attend this event. This is because *B. cepacia* can be passed between individuals who have CF through close proximity. *B. cepacia* infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there might still be some individuals with *B. cepacia* in attendance. *B. cepacia* is not a risk for otherwise healthy individuals. For alternative ways to participate and for information about this policy, please contact the CF Foundation at (800) FIGHT-CF or visit our Web site at [www.cff.org](http://www.cff.org). Consult your CF care center physician with medical questions.

