

Registration Form

Online registration at www.runningroom.com

Teams please note: for liability reasons, one form per registrant is required. All entrants must read and sign the waiver. All entries are non-refundable. Online registration is available until August 9th at: <https://www.events.runningroom.com/>

ALL FIELDS REQUIRED

Last name: _____

First name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone (H): _____

Email: _____

Birthdate (mm/dd/yyyy): _____ M / F (Circle)

Please circle: Walk 5K Wheel 5K Run 8K Wheel 8K

This is part of a team registration. Yes No

Team name: _____

T-shirt Size - Adult: S M L XL

Child: S M L

Early Bird fee until July 15st

- Individual - \$15 per participant (children under 5 free, registration form required)
- Family/Team - \$60 per family/team of 4, \$10 for each additional member

Regular fee online from July 16st - August 10^h

- Individual - \$25 per participant (children under 5 free, registration form required)
- Family/Team - \$100 per family/team of 4, \$10 for each additional member up to 10 total

Last Minute Registration until 10:00 am Day of Race

Regular fees apply

Cheques payable to SBHANA

Disclaimer/Waiver 2018

PLEASE READ CAREFULLY BEFORE SIGNING

I know that running, walking and/or wheeling in an event is potentially hazardous. I will not enter unless I am medically able to do so. I assume all risks involved in this event, including but not limited to the effects of either traffic, course conditions and course surfaces, falls and contact with other runners, walkers or wheelers, volunteers and spectators. It is understood that by submitting this entry, I hereby for myself, my heirs, executors and administrators, waive all claims against, and release, save harmless and indemnify the race organizers. I hereby acknowledge I have read this release and waiver and by registering in this event I understand its terms.

I consent to the use of my name and photograph in conjunction with this event.

I consent to the future mailings relating to Spina Bifida and Hydrocephalus Association of Canada.

Children under the age of 12 must be accompanied by an adult.

Signature of participant / signature of parent or guardian if under 18

Return this completed form with payment to:
The Spina Bifida and Hydrocephalus Association of Northern Alberta
400—11010 101 Street, T5H 4B9, Edmonton, Alberta
Edmonton, AB T5J 0B7 Tel: (780) 451-6921
E-mail: info@sbhana.org

What is Spina Bifida?

Spina bifida is a neural tube birth defect (NTD) that occurs within the first four weeks of pregnancy. It is the incomplete formation of the spine and spinal cord. It results in paralysis and loss of sensation of the legs and affects the functioning of the bowel and bladder. It may also affect hand skills, visual, hearing, and learning disabilities.

The three most common types of spina bifida:



Myelomeningocele

The most severe form in which the spinal cord and its protective covering, the meninges, protrude from the opening in the spine.



Meningocele

The spinal cord develops normally but only the meninges protrude from an opening created by damaged or missing vertebrae.



Occulta

which means "hidden", indicates that the defect, where one or more vertebrae are malformed, is covered by a layer of skin. Occulta is the mildest form.

hope. it's for everyone.

11th Annual 5K or 8K Run, Walk, Wheel VOLUNTEERS NEEDED!

WHEN: Saturday, August 11th 9am-3pm

Check-in for race is at 9am

Race Begins at 10:30am

WHERE: Rundle Park, Site #5

2909-113 Avenue, Edmonton, AB

FREE FAMILY EVENT : 11—3PM

Barbecue lunch

Bouncy castle

Music

Face painting

Photo-booth



Race Bag Pick-up: Friday, August 10th

4pm-8pm at The Running Room (8537 109 Street)



THE HOPE CLASSIC



SPINA BIFIDA & HYDROCEPHALUS

Mission

To improve the quality of life for people affected by spina bifida and hydrocephalus through advocacy, education, and support.

SBHANA.org (780)-451-6921

run
walk
wheel

Hope Classic 2018

Information for Hope Classic 2018—Rundle Park Site #5, August 11th

1. Please register for Hope Classic on the back form or on <https://www.events.runningroom.com> under **Hope Classic 2018**

OR

1. Call **780-451-6921** to RVSP to the event as a guest and not a participant in the race (if you would like to donate please inform us), or if you would like to **volunteer!**

Please collect all pledges in full by August 11th, 2018 if you are participating in the race and bring them with you to the event location.

Tax receipts can be issued for pledges of \$20 or more.

Make all cheques payable to SBHANA.



Participant information Team name: _____

Last name: _____ First name: _____ Phone (H): _____

Address: _____ City: _____ Phone (W): _____

Province: _____ Postal Code: _____ E-mail: _____

Sponsor's Name _____	Phone _____	Donation Amount _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address _____	City _____	Province _____	Postal Code _____ <input type="checkbox"/> I require a tax receipt.
Sponsor's Name _____	Phone _____	Donation Amount _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address _____	City _____	Province _____	Postal Code _____ <input type="checkbox"/> I require a tax receipt.
Sponsor's Name _____	Phone _____	Donation Amount _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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