

WARR 2008 ENTRY FORM

Last Name/Surname (PRINT CLEARLY):			
First Name (PRINT CLEARLY):			
PLEASE PRINT CLEARLY BELOW YOUR COMPLETE ADDRESS AS IT SHOULD APPEAR ON AN ENVELOPE FOR MAILING PURPOSES			
E:Mail Address:			
How many WARR's have you participated in?			
If you are a first time participant, please let us know; who recommended WARR to you?			
Tick <input type="checkbox"/> if you are an AIRLINE Employee		Your two-digit Airline Code: Example: QF for Qantas	
Tick <input type="checkbox"/> if you are NON AIRLINE			
Name of Your Airline as shown on your pay check:			
Your age as of Sept. 6, 2008		Date of Birth: Month: Day: Year:	
Tick/Check <input type="checkbox"/> Your Sex	 Male	 Female	Tick/Check <input type="checkbox"/> T-Shirt Size Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>
Entry Fee for 10K and/or 5K Races	CAD	\$ 55.00	
Registrations after August 15, 2008 must be done on line at www.worldairlineroadrace.org			
Plus Awards Banquet Fee # _____ x \$60.00 CAD			
TOTAL AMOUNT DUE WARR IN CAD			

Make checks in CAD dollars, payable to WARR. Please do Not Send Cash! Entry Forms received without payment, or postmarked after August 15, 2008 will not be processed until Race Week and will be charged the additional fee of \$10.00 CAD. Entry fee at Registration is \$60.00. Your Cancelled Check is Your Receipt. There will be Race Week Registration, but NO RACE DAY REGISTRATION.

Mail To: **World Airline Road Race**
P.O. Box 40056, Ottawa, ON, Canada K1V 0W8

Waiver/Release: Please accept my entry for the World Airlines Road Race (WARR). I acknowledge that I am participating at my own risk in this event and I agree to waive all claims of every nature against the WARR race organizers, event workers and volunteers, City of Ottawa, the event sponsors, and any and all other participating individuals or agencies in respect to any and all personal loss or bodily injury, including death, resulting from my participation in this event. I acknowledge and understand that participation in this event involves risks to my health and safety, including death, and I willingly accept these risks. I also acknowledge that I understand the rigors of this competition and I verify here that I know myself to be healthy and fit enough to participate in it. A parent or legal guardian's signature will be required for participants under the age of 18.

Signature: _____ **Date:** _____
(If under 18, Parent or Legal Guardian's)