

## THANKS TO OUR SUPPORTERS

The Cystic Fibrosis Canada - Edmonton & Northern Alberta Chapter is very fortunate to have the support of the following partners and sponsors:

### Primary Sponsor



### Major Sponsors



### Valued Sponsors and Contributors



## PARADE RULES...

- **Have FUN!!**
- Fill up your gas tank.
- Always shoulder check.
- Stay in staggered formation.
- No unnecessary lane changes.
- Ensure all gear is secured to bike.
- Use proper ride etiquette at all times.
- Remember all levels of riders are present.
- Use extreme caution if you pull out of the parade.



## RIDE FOR CYSTIC FIBROSIS



**SATURDAY JUNE 18, 2011**

- Start Location :** Husky Travel Centre  
Acheson Rd. & Hwy 60  
Edmonton, AB
- Registration Time:** 8:30am—10:00am
- Registration Fee:** \$30 per single rider  
(Includes T-Shirt & tire gauge; fee waived when pledges exceed \$150)
- Departure:** 10:30am **(NOTE the NEW TIME!!)**
- Destination:** Falun Community Hall  
Pigeon Lake
- Events:** Show & Shine  
Barbecue  
Presentations
- Prizes:** First Time Rider  
Show & Shine  
Oldest Bike  
Top Individual & Team Fundraisers

### Awards for raising...

- ...\$150 *choice of flask, bandana, hoodie or belt buckle...while supplies last*
- ...\$350 *\$75 voucher redeemable at Alberta Cycle*
- ...\$500 *\$125 voucher redeemable at Alberta Cycle*
- ...\$750 *\$175 voucher redeemable at Alberta Cycle*
- ...\$1000 *\$225 voucher redeemable at Alberta Cycle*
- ...\$1500 *\$275 voucher redeemable at Alberta Cycle*

Collect pledges online at [www.cfedmonton.ca](http://www.cfedmonton.ca)

## WHAT IS CYSTIC FIBROSIS?

Cystic fibrosis (CF), which affects the lungs and the digestive system, is the most common fatal inherited disease affecting Canadian children and young adults. In the lungs, where the effects of the disease are most devastating, CF causes severe breathing problems. In the digestive tract, CF often results in extreme difficulty in digesting and absorbing adequate nutrients from food. Children and adults with CF must take pills with every meal and snack to help break down, and absorb nutrients from food, and must undergo a demanding daily routine of physical therapy designed to keep the lungs free of congestion and infection. Most persons with cystic fibrosis eventually die of lung disease.



## ABOUT

Cystic Fibrosis Canada is a national non-profit, voluntary health charity established in 1960 led by volunteers from more than 50 chapters across Canada.

## MISSION

Cystic Fibrosis Canada's mission is to help people with cystic fibrosis. Cystic Fibrosis Canada:

- funds research towards the goal of a cure or control for CF
- supports high quality care
- promotes public awareness of CF, and
- raises and allocates funds for these purposes



## HOW TO REGISTER & COLLECT DONATIONS

**Online:** Go to [www.cfedmonton.ca](http://www.cfedmonton.ca) and follow the links to sign up as an individual, start or join a team.

**In Person:** Use the participant form on the reverse side to collect donations in person. Bring your completed form to the Ride with all of your collected funds.

## GREAT FUND RAISING TIPS

Here's how you could raise \$200 in just four weeks, simply by asking your family, friends, neighbours and co-workers:

- Week 1** Pledge yourself \$25 to get the ball rolling
- Week 2** Ask four family members for \$25 each
- Week 3** Ask six friends/neighbours for \$10 each
- Week 4** Ask eight colleagues for \$5 each

Anyone can be a GREAT fundraiser.  
Start collecting donations today!

## YOUR SUPPORT MAKES A DIFFERENCE

Currently, there is not a cure for cystic fibrosis, but the pace of CF science suggests that there is a good reason to feel optimistic about the future.

When Cystic Fibrosis Canada was established in 1960, most children with cystic fibrosis did not live long enough to attend kindergarten; today half of all Canadians with CF may be expected to live into their late 30's, and beyond.

Visit [www.cfedmonton.ca](http://www.cfedmonton.ca) for more information.

Help us in our fight.

## REGISTRATION INFORMATION

Register online at [www.cfedmonton.ca](http://www.cfedmonton.ca) or in person by completing this form and bringing it along with all funds collected to the registration table at the **Ride for Cystic Fibrosis**. For **every first time Rider you bring your name will be entered into a prize draw**. Cheques are preferred and are payable to the **Cystic Fibrosis Canada**. If you are unable to attend, please mail the form along with all funds (please do not mail cash) collected to: Cystic Fibrosis Canada

Edmonton & Northern Alberta Chapter  
7814 - 83 Street, Edmonton, AB T6C 2Y8 Referred By: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (business): \_\_\_\_\_ (cell): \_\_\_\_\_ Driver Age: \_\_\_\_\_

Name of Team (if applicable): \_\_\_\_\_

E-Mail: (if you would like to receive information for next year): \_\_\_\_\_

Enclosed is \$30.00 Registration Fee per motorcycle (Non-receiptable. Waived with \$150 in raised pledges.)

Form of payment:  Visa  MasterCard  Cash  Cheque

Credit card#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Make of Motorcycle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

## IMPORTANT REMINDERS...

- Please print legibly and photocopy this form for your records.
- Fill in all personal information and sign the Waiver, Indemnity and Photo Release section on this form.
- Tax receipts automatically issued for donations over \$25, all others upon request.
- Cheques payable to:  
**Cystic Fibrosis Canada.**
- Be sure the amount collected matches your pledge total.
- Bring all funds with you to the registration table at the ride.
- **Your support is highly appreciated—thank you!**



## WAIVER, INDEMNITY & PHOTO RELEASE: Please read carefully

I agree: 1) That at all times during the **Ride for Cystic Fibrosis** Charity Motorcycle Run my safety remains my sole responsibility and 2) that I will discontinue from participating in this event if requested to do so by any representative of Cystic Fibrosis Canada and 3) that I am aware of the inherent risks in participating in this event and voluntarily assume such risk.

In Consideration of acceptance as participant in this event, I myself, my heirs, administrators and assigns hereby release, waive and forever discharge Cystic Fibrosis Canada and all its associations and sponsoring companies and all its respective agents, officials, officers, directors, employees, servants, conductors, representatives, successors and assigns of and from all claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of death, injury, loss or damage to my person or property however caused arising or to arise by reason of my participation in the said event and notwithstanding that same may have been contributed by the negligence of any of the aforesaid. I further undertake to hold and save harmless and agree to indemnify all the aforesaid from and against any and all liability incurred by and or all of them arising as a result or in any way connected to my participation in said event. By submitting this entry I acknowledge that I have read, understood and agreed to the above agreement, release, waiver and indemnity, I warrant that I am physically able to participate in this event.

The undersigned also grants to Cystic Fibrosis Canada, in whole or in part, the right to use the film footage/photographs of myself or of my children, produced for promotional purposes, provided that said footage/prints, in whole or in part, including voice-overs, be used exclusively by the above mentioned organization.

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Passenger: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Guardian Waiver: I am the parent or guardian of the above named participant, who is a minor (under the age of majority). I have read the terms of the waiver above and hereby approve and give my consent to the participant of the said minor in this event and adopt the above release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name	Address	City	Postal Code	Phone #	Amount Pledged	Amount Collected	
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Please accept my total submission of					Cash:	Cheque(s):	Total: