



Proceeds to
Support Allergy,
Asthma &
Anaphylaxis
Research and
Education.

Triple "A"
5 km & 10 km Run/Walk
2 km Family Scamper



The Canadian
Allergy, Asthma
and Immunology Foundation

SUNDAY, MAY 25, 2008

Heydenshore Pavilion, Whitby Waterfront Trail



Register On-line @
www.runningroom.com





Date & Time

Sunday, May 25, 2008

10 km Walk starts at 9:30 am

5 km Walk & Run and 10 km Run starts at 10:00 am

This event will feature chip timing.

2 km Family Scamper starts at 10:00 am

Location

New and Improved Route:

Heydenshore Pavilion, adjacent to the Whitby Waterfront Trail



About the AAIA

Created over 40 years ago, the Allergy Asthma Information Association (AAIA) is a member-based registered charity specializing in allergy, asthma and anaphylaxis. Go to www.aaia.ca or call **1-888-250-2298** for more information.

About CAAIF

The Canadian Allergy, Asthma and Immunology Foundation (CAAIF) raises monies to fund research and teaching in allergy, asthma and immunology. We thank all those who have contributed to CAAIF. For more information: www.allergyfoundation.ca

Registration

Register online at www.runningroom.com or register at the Whitby Running Room. Race Day registration is from 8:00 am - 9:30 am, cash or cheque only, payable to: AAIA. First 300 individuals to register are guaranteed a T-Shirt.

Early Race Package Pick-up

Friday, May 23 from 4:00 pm - 8:00 pm
at Running Room, 1450 Kingston Road, Pickering.

Saturday, May 24 from 11:00 to 2:00 pm
at Running Room, 80 Thickson Rd., S., Whitby.

Awards & Post Race Events

A special award will be given to the individual who raises the most pledges for the AAIA.

Prizes will be awarded to runners and walkers in each category.

Registration and Entry Form

EARLY BIRD ENTRY FEES:

(Until May 17, 2008)

\$25.00 /Person* _____

\$60.00 /Family of 4* _____

TOTAL: \$ _____

LATE ENTRY FEES:

(After May 17, 2008)

\$30.00 /Person** _____

\$75.00 /Family of 4** _____

TOTAL: \$ _____

*T-Shirt included in Registration.
(for the first 300)

**T-Shirt not guaranteed after May 17

EVENT: Triple "A" Run/Walk

5 km Walk

5 km Run

10 km Walk

10 km Run

2 km Family Scamper

Sex: _____ Date of Birth
M / D / Y

Name 1 _____ M F _____

Name 2 _____ M F _____

Name 3 _____ M F _____

Name 4 _____ M F _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ Email _____

PAYMENT METHOD Cash Cheque (Non-transferable and non-refundable)

Make cheques payable to: AAIA

Short-sleeved T-shirt Size S M L XL Youth M

Release & Waiver: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I assume any and all other risks associated with running/walking the event including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the roads, all such risks being known and appreciated by me. Knowing these facts, in consideration of the AAIA and the Running Room Sports Inc, Event Sponsors, Volunteers and Organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages sustained by me as a result of this run/walk event, for any cause whatsoever, including negligence. It is expressly understood by the undersigned that this run/walk event is entered into at the sole risk of the undersigned and that the organizers and sponsors of the run are exempt from liability for any and all damages sustained and any and all injury & loss, including personal & property loss arising from any cause whatsoever, including negligence. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of my participation in the Events for any legitimate purpose without remuneration. Applications for minors will be accepted only with a parent's signature and should be signed by the minor also. I hereby acknowledge reading this Release and Waiver and I understand and accept its terms.

SIGNATURE: _____

SIGNATURE OF PARENT: _____

(REQUIRED IF UNDER 18)

Date: _____

Day / Month / Year