

# 2020 ICLIMB FOR UNITED WAY

Climb 1,000 steps and help make childhood poverty #UNIGNORABLE  
in Windsor-Essex County

[www.weareunited.com/iclimb](http://www.weareunited.com/iclimb)



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## EVENT DETAILS

Wednesday March 4, 2020  
WFCU Centre | 8787 McHugh St., Windsor

### TIMES

#### STAIR CLIMB ONLY

**Adult Open Climb (Individual)** - 7:00 AM - 10:00 AM

**Adult Open Climb (Team)** - 7:00 AM - 10:00 AM

**Adult Scheduled Climb (Individual)** -

11:15AM, 11:35AM, 11:55AM, 12:15PM, 12:35PM, 12:55PM

**Adult Scheduled Climb (Team)** - 11:15AM, 11:35AM, 11:55AM, 12:15PM, 12:35PM, 12:55PM

Must register at a specific time. Students also climbing during these time slots.

Only 30 climbers per time slot available.

#### STAIR CLIMB + COMPETITIVE CIRCUIT

**Adult Competitive (Team)** - 6:30 AM, 6:50 AM, 7:10

AM, 7:30 AM, 7:50 AM, 8:10 AM, 8:30 AM

Maximum four members per team. Must appoint team captain.

**Adult Competitive (Individual)** - 8:50 AM, 9:10 AM

### REGISTRATION

Register by Friday February 28, 2020

E-mail: [events@weareunited.com](mailto:events@weareunited.com) or  
call 519-259-6177

### PLEDGES

Adults 18+ | \$55 (Early bird pledge)

Adults 18+ | \$65 (After February 7, 2020)

Post-Secondary Students | \$25

### VOLUNTEER

E-mail: [events@weareunited.com](mailto:events@weareunited.com) or  
call 519-259-6177

# 2020 REGISTRATION FORM

NAME: \_\_\_\_\_

WORKPLACE/TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## WAIVER

I understand that the activities I am undertaking as a participant in "iClimb" are physically demanding and that I am both able to undertake the activities and aware of the risk(s) involved. In consideration of United Way/Centraide Windsor-Essex County accepting this entry I, the undersigned, hereby for myself, individually and for my heirs, my executors and administrators contractually waive and relinquish any rights and claims and damages I may have against United Way/Centraide Windsor-Essex County, the volunteers, all sponsors of this event, their representatives, successors and assigns for and against all injuries suffered by me during this event. I hereby grant full permission to United Way/Centraide Windsor-Essex County and or agents authorized by them, to use any photographs, video, motion pictures, recordings or any other record of this event for any legitimate purpose. Check with your doctor before participating in iClimb activities if you have a heart, lung or other condition that might limit your ability to participate in physical exercise, or any condition that requires prescribed medication. Wear athletic shoes and comfortable clothing. Stretch well before and after the activities. Please enjoy the race and go at your own pace.

Name \_\_\_\_\_ Age \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**HOW TO REGISTER:** Register online by visiting [www.weareunited.com/iclimb](http://www.weareunited.com/iclimb), or contact United Way at 519-259-6177 or [events@weareunited.com](mailto:events@weareunited.com). Deadline for registration is Friday February 28, 2020.

**HOW TO COLLECT PLEDGES:** A minimum Adult or Post-Secondary per person pledge must be raised in order to participate in the event. Please complete this form and return it along with collected monies to the registration desk on the day of the event. Tax receipts will be issued for all contributions of \$10 or more if requested. Donor's full name and address are required. Charitable Registration #108016 0334 RR0001

DONOR'S NAME	ADDRESS & CITY	POSTAL CODE	EMAIL ADDRESS	CHARITABLE RECEIPT?	\$ COLLECTED
<b>TOTAL</b>					

United Way is committed to protecting your privacy. Your information will once be used to help us in our campaign, to acknowledge your gift, process and receipt your donation, and fulfill our information requests. United Way/Centraide Windsor-Essex County does not sell, lease or trade your information. If you have questions about our policy, please call 519-259-6159.

Card # \_\_\_\_\_ Expiry \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_