



Name _____

Phone _____ Email _____

Team Name _____ Team Captain _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

T-shirt Size _____ Employer _____

*Raise \$100 and get a FREE Arthritis Walk® T-shirt

www.letsmoveotogether.org

Does your company offer matching gifts? YES NO Do you have arthritis? YES NO

Participant Collections Envelope

Use this form to keep track of all your donors. Return this envelope to your Team Captain or the Arthritis Foundation with your collected contributions and keep a copy for your records.

PRINT DONOR'S NAME	ADDRESS, CITY, STATE, ZIP	MATCHING GIFT	DONATION
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11		<input type="checkbox"/> YES <input type="checkbox"/> NO	
12		<input type="checkbox"/> YES <input type="checkbox"/> NO	
13		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Pending Donations (not yet collected in envelope or online)

Total money in envelope \$ _____

Total raised online \$ _____

TOTAL \$ _____

Waiver Release: I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Arthritis Walk®. (2) In consideration for my application to participate in the Arthritis Walk® being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I hereby grant the Arthritis Foundation specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or video tape of me and/or my family, taken at the Arthritis Walk®, for use by the Arthritis Foundation. (4) In consideration of my participation in the Arthritis Walk®, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event, and I further waive, release, discharge and covenant not to sue the Arthritis Foundation, its officers, members, sponsors, organizers or other representatives or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in the event and related activities.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____