

Jingle Bell Run / Walk Registration Form

Name _____
Address _____
City _____ State _____ Zip _____
Phone (home) _____ (work) _____
E-mail _____
Sex _____ Age on Race Day _____ Date of Birth _____
Shirt Size (circle one) S M L XL XXL XXXL Y6-8 Y10-12 Y14-16
Team Name _____ Captain _____

Please check all that apply:

I will participate in the Jingle Bell Events:

5K Run 5K Walk Fun Walk

- I want to be a team captain, please send me more information.
 - I am unable to participate, please accept the enclosed donation.
 - I want to volunteer
 - I have arthritis (type) _____
 - I would like more information about the Arthritis Foundation
- Where did you get this brochure? _____

WAIVER / RELEASE—SIGNATURE REQUIRED

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Jingle Bell Run, (2) In consideration for my application to participate in Jingle Bell Run 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, and (3) I hereby grant the Arthritis Foundation specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Jingle Bell Run, for use by the Arthritis Foundation.

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's Signature _____

From time to time we make our customer list available to other organization. This process is carefully controlled and it is our hope that you may find information from these groups interesting and helpful. If you would like to be excluded from this sharing process for three years, check this box [].

FOR OFFICE USE ONLY

Amount _____ Date _____ Race # _____