



South Jersey
Jingle Bell Run/Walk
December 6, 2014

Volunteer Sign-In

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY/ORGANIZATION: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL: _____

WAIVER/RELEASE - SIGNATURE REQUIRED

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate/volunteer in the Jingle Bell Run/Walk for; (2) In consideration for my application to participate in the Jingle Bell Run/Walk for Arthritis 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 video of me and/or my family, taken at the Jingle Bell Run/Walk for Arthritis, for use by the Arthritis Foundation.

SIGNATURE: _____ DATE: _____

(Participant's Signature-If under 18, Parent's or Guardian's signature)

I am interested in becoming an Arthritis E-Advocate

By signing up, you'll receive Action Alerts in your inbox when important arthritis-related issues are debated on Capitol Hill!