



INDIVIDUAL ENTRY FORM

Saturday, December 14, 2013
Evansville IN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Team Name: _____

Email Address (please use a correct e-mail you frequently check- we will be sending information through e-mail)

Birth Day: ____/____/____ Age on Race Day: _____ Sex: _____

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Jingle Bell Run and training, (2) In consideration for my application to participate in Jingle Bell Run event and training being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, coaches, 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.

Signature: _____

- 5K Run timed
- 5K Walk timed
- Non Timed Walk
- 1-Mile Fun Walk
- Santa Chase (\$10) for kids ---non timed

Registration Fees: May 1 – July 31, 2013 \$22
August 1 – December 9 \$25
December 10 - December 14 \$30

T-SHIRT: YS YM YL S M L XL XXL

Mail Completed form with your payment to:
ARTHRITIS FOUNDATION 700 N WEINBACH AVE SUITE 102 EVANSVILLE IN 47711
(Please make checks payable to Arthritis Foundation)