



MAY 10, 2014 - CARBONDALE IL
REGISTRATION FORM

NAME		
INDIVIDUAL?	PART OF A TEAM?	
TEAM NAME		
HOME ADDRESS		
CITY	ST	ZIP
PHONE		
EMAIL		
DO YOU HAVE ARTHRITIS?	GENDER: F M	
AGE	SHIRT SIZE	
DONATION AMOUNT \$		

Release and Waiver of Liability Agreement I am over the age of 18 or have obtained my parent or guardian's consent as I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Walk to Cure Arthritis; (2) In consideration of my application to participate in the Walk to Cure Arthritis being accepted, I, on behalf of myself, my heirs and assigns, and my estate, to the fullest extent permitted by law, hereby waive and forever discharge The Arthritis Foundation, Inc., its 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, Inc. 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 Walk to Cure Arthritis, for use by The Arthritis Foundation, Inc.; and (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable. I understand that this waiver has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this event. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so. I have read this Agreement, understand its contents and I sign it voluntarily.

Print Name of Participant

Signature of Participant

Date