



Name _____

E-mail _____

Phone _____

Team Name _____ Team Captain _____

Street Address _____ Apt. # _____

City _____ State- _____ Zip _____

Company/School/Organization _____

T-shirt Size _____ Date of Birth _____ Age _____

Does your company offer matching gifts? YES NO

Do you have arthritis? YES NO



www.arthritis.org

Jingle Bell Run/Walk for Arthritis Collections

Track donations on the form below

DONOR'S NAME	ADDRESS, CITY, STATE, ZIP	DONATION
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
TOTAL \$		

Waiver Release: I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Jingle Bell Run/Walk for Arthritis®. (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. (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. (4) In consideration of my participation in the Jingle Bell Run/Walk for Arthritis®, 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's Signature _____

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

