

## 2nd Annual Jingle Bell Run/Walk for Arthritis

### Registration/Donation Form

For mail entry only send form  
and check payable to:  
Arthritis Foundation Texas Chapter  
5150 Broadway, Suite 465  
San Antonio, Texas 78209

**Register online at: [sanantoniojinglebellrun.org](http://sanantoniojinglebellrun.org)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Male     Female     Competitive Runner

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Team Name \_\_\_\_\_

#### Please check all that apply:

- I want to be a team captain, please send me more information
- Please accept the enclosed check as a donation
- I want to volunteer
- My company has a matching gift program
- I have arthritis (type) \_\_\_\_\_
- I would like more information about the Arthritis Foundation

#### 5k/1 Mile long sleeve t-shirt (youth):

Youth medium

#### 5k/1 Mile long sleeve t-shirt (adult):

S     M     L     XL     XXL

#### I am enclosing the following amount:

- \$25.00**    Pre-Registration (through Nov. 27th)
- \$30.00**    Day of Registration
- \$150.00**    5 Member Team w/long sleeve t-shirts

Cash     Check     AMEX     MC     VISA

Card Holder \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Security# \_\_\_\_\_

#### WAIVER/RELEASE - SIGNATURE REQUIRED

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Jingle Bell Run/Walk for Arthritis, (2) In consideration for my application to participate in 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.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

If under 18, Parent's or Guardian's signature \_\_\_\_\_