Arthritis Foundation℠

Participant Collection Envelope

Name _____

Phone # _____ Email _____

Team _____ Team Captain _____

Address _____

City _____ State _____ Zip _____

Company/School/Organization _____

T-shirt Size _____ Date of Birth _____

Does your company offer a matching gift? ❑ Yes ❑ No Do you have arthritis? ❑ Yes ❑ No

Track your donations on this form.
Return this envelope to your Team Captain or the Arthritis Foundation with your collected donations.

DONOR'S NAME	ADDRESS, CITY, STATE, ZIP	AMOUNT
	TOTAL COLLECTED IN ENVELOPE	
	TOTAL RAISED ONLINE	
	GRAND TOTAL	

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 Arthritis Foundation event; (2) In consideration of my application to participate in the event 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 event, 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.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____