



2014 Jingle Bell Run/Walk Atlanta Registration
Saturday, December 13th
Centennial Olympic Park

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Team Name:** _____

E-mail: _____

Male: _____ **Female:** _____

T-Shirt Size: YS YM YL S M L XL XXL

Paying by:

Check _____ **Cash** _____ **Credit Card** _____

Required to Answer

Are you walking or running? _____

Waiver / Release – Signature Required 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 a 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 Sig.: _____