

## Registration Form

Please mail no later than December 2, 2014 to:  
Arthritis Foundation Central Coast  
26413 Birch Pl, Carmel, CA 93923

Make check or money order payable to: **Arthritis Foundation**



**Please register me to participate in the Jingle Bell Run/Walk for Arthritis  
on December 13, 2014.**

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender  M  F Email Address \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Optional: Occupation \_\_\_\_\_

Who referred you? \_\_\_\_\_

Mail In Entry Fees, please circle

- 5K Run/Walk age 18+ **\$30.00**
- 5K Run/Walk age 6-17 **\$10.00**
- Kids Fun Walk/Run age 5 & under with T-shirt **\$5.00**
- Kids 5 & under No T-shirt **FREE**

**Must be postmarked by December 2, 2014.**

Method of Payment, please check

Check/Cash  Visa  MasterCard  Amex  Discover

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

T-shirt Size, please circle Youth: YS YM YL Adult: S M L XL XXL

Questions? Call 831-620-1699 or email: [afallon@arthritis.org](mailto:afallon@arthritis.org)

Arthritis Foundation, Central Coast Branch • P.O. Box 4008 • Monterey, CA 93942

Toll Free 800-464-6240 • Phone 831-620-1699 • Fax 831-624-1734 • [afallon@arthritis.org](mailto:afallon@arthritis.org)

[Jinglebellrunpg.org](http://Jinglebellrunpg.org)

**WAIVER/RELEASE**

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 Jingle Bell Run/Walk®, **(2)** In consideration of my application to participate in the Jingle Bell Run/Walk® 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 videotape of me and/or my family, taken at the Jingle Bell Run/Walk®, for use by the Arthritis Foundation. **(4)** I acknowledge that all registration fees and donations are non-refundable and non-transferable.

**SPECIAL JINGLE BELL RUN/WALK® DOG WAIVER**

**REQUIREMENTS**

- All dog walkers must be over the age of 18.
- Dogs must be accompanied by a registered participant.
- Participants must pick up after their dog.
- Dogs must have current shots.
- All participants must sign Waiver/Release.
- All dogs must be kept on a maximum 6 foot leash at all times.
- Female dogs in heat will not be allowed to participate.
- At the sole discretion of the Event Coordinator, dogs whose behavior is unruly or might prove to be hazardous to participants, other dogs or spectators, will be requested to leave the Jingle Bell Run/Walk© premises.
- All dog walkers must comply with site location rules not listed above.

**WAIVER/RELEASE**

I hereby certify the following: **(1)** My dog is physically fit and has received medical clearance to participate in the Jingle Bell Run/Walk®, **(2)** As owner of the dog, I am over the age of 18 years in age and shall be the only handler of my dog for this event, **(3)** In consideration of my dog's application to participate in the Jingle Bell Run/Walk® being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby agree to indemnify and hold harmless the sponsors, organizers, and affiliates, as well as their agents, employees, and volunteers (the "indemnities") from all claims for any liability, injury, loss, or damage in any way connected with my dog walk and also waive and forever discharge the indemnities from any and all claims that may accrue as the result of my dog's participation.

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name