



JINGLE BELL RUN/WALK FOR ARTHRITIS
OFFICIAL REGISTRATION FORM
Saturday, December 5, 2015, 9:00 a.m.
Bellbrook Middle School – Bellbrook, Ohio

TO BE COMPLETED BY EACH PERSON

Name _____ Sex: ___ M ___ F Birthdate _____

I plan to: Run _____ Walk _____

Address _____

City _____ State _____ Zip _____

Do you have arthritis? _____ Type _____

Home Phone _____ Email Address _____

Name of Team: _____ Team Captain: _____

Type of Team (circle): Business Friends & Family Healthcare School

Adults: _____ \$35 Entry Fee & Long Sleeved T-Shirt (18 years or older)
** Note – Fee increases to \$40 on November 30**

Students: _____ \$25 Entry Fee & Long Sleeved T-Shirt (17 & Younger)

Size (circle): Youth: S M L
Adult: S M L XL XXL XXXL

All checks are to be made payable to the Arthritis Foundation.

Release and Waiver of Liability Agreement (signature required)

I certify the following for myself: I am physically fit and have received medical clearance to participate in the Jingle Bell Run/Walk, I understand and agree that there are risks, both foreseeable and unpredictable, associated with any active event. I am aware of these risks and agree that my participation is at my own risk. (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, and 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. 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. (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable.

Signature _____
(Parent or Guardian if under 18 years of age)

Date _____