



Printable Registration Form

Please mail to:
Arthritis Foundation, 9700 SW Capitol Hwy., Suite 160
Portland, OR 97219
No later than Tuesday, November 25

Please sign me up to be part of the Jingle Bell Run/Walk for Arthritis
on December 6, 2014

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

E-mail: _____ Phone _____ Gender _____ Birthdate _____

Shirt Size _____ Do you have Arthritis? _____ Type _____
(Youth- S, M, L/Adult S, M, L, XL,
2XL,3XL)

Team Name _____ Team Captain _____

JINGLE BELL RUN/WALK FOR ARTHRITIS 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 Jingle Bell Run/Walk for Arthritis; (2) In consideration of 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, 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 the Jingle Bell Run/Walk for Arthritis, 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.

Participants Signature _____ Date _____

If under 18, Parent or Guardian's Signature _____

Registration Fees

5K Run 5K Walk 1-Mile Walk (Please circle event)

Adult \$30

Kids (12 & under) \$20

Kid's Fun Run with the Elves - (10 and under)**

Includes T-Shirt \$15

No T-Shirt FREE

** All youth participants must be registered, regardless if they run for fee or free.

Payment Type: MasterCard Visa Check

Credit Card No. _____ Exp. Date _____ CSV _____

Name on Card _____ Signature _____

Entry Fee \$ _____

My additional contribution \$ _____

Total Amount \$ _____