



2016 Jingle Bell Run/Walk Fort Worth
Saturday, December 3, 2016
Panther Island, 395 Purcey St., Fort Worth, TX 76102
Registration: 3 PM, 5K Race Begins 5 PM
Register online at www.jbr.org/fortworth

First Name **Last Name**

Address **Apt/Suite #**

City **State** **Zip**

Company **Home Phone** **Cell Phone**

Male Female

E-Mail **Date of Birth (mm/dd/yyyy)** **Gender**

Team Name **Team Captain Name**

I want to donate to my team! Amount \$ YS YM YL S M L XL XXL

Team Donation **T-shirt size**

Emergency Contact Name **Phone**

Select Registration Type Below

5K Chip-Timed:

- \$32 Standard Registration (Ends 11/27)
- \$35 Week of Registration (Ends 12/5)
- \$40 Day of Registration

5K Kids Chip-Timed Ages 12 and under:

- \$20 Standard Registration (Ends 11/27)
- \$25 Week and Day of Registration

5K Non-Timed:

- \$27 Regular Registration (Ends 11/27)
- \$30 Week of Registration (Ends 12/5)
- \$35 Day of Registration

5K Kids Non-Timed Ages 12 and under

- \$18 Standard Registration (Ends 11/27)
- \$20 Week and Day of Registration

- Jingle in Your Jammies:** \$30 (Ends at 12pm CST, 12/3) I want to help the Arthritis Foundation, but I want to do it from home, in my jammies! (Event shirts will be mailed after the Jingle Bell Run/Walk).

Reverse must be completed and signed

~ Over ~

Waiver Release: JINGLE BELL RUN/WALK FOR ARTHRITIS Release and Waiver of Liability Agreement:

I am over the age of 18 or have obtained my parent's 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, 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 and acknowledge that participation in the Jingle Bell Run/Walk for Arthritis is voluntary. I assume all inherent and other risks and accept responsibility for any property damage or loss and for any personal serious injury, illness, disability, emotional distress, and/or death that I may suffer, whether described in this release or not. I further agree to forever release and discharge The Arthritis Foundation, Inc., from and agree not to sue for any and all liability or claims. This release is for any type of claim, including breach of contract, fraud, or any other type of suit and includes losses both known or unknown, regardless of or alleged to be caused by the negligence of the Arthritis Foundation, Inc., to the fullest extent permitted by law. I agree that the substantive laws of Georgia govern this Agreement and any dispute I have with the Arthritis Foundation, Inc., and consent to jurisdiction in Georgia. Any mediation, suit or proceeding will be entered into only in Georgia. Any portion of this Agreement deemed unlawful or unenforceable is severable and shall be stricken without effect on the enforceability to the remaining provisions. I have read this Agreement, understand its contents and I sign it voluntarily. I intend by this Agreement to assume all hazards and risks, waive all rights to sue and release all liabilities and claims, and indemnify the Arthritis Foundation, Inc., for any claims arising from my participation in the Jingle Bell Run/Walk for Arthritis. It is my responsibility to report any and all personal physical conditions that could impact my participation and to report any unsafe conditions that I may encounter to the appropriate authority. I understand that this Agreement has no expiration date and remains in effect at all times that I am participating or observing the Jingle Bell Run/Walk for Arthritis and will be binding on me, my family members, heirs, assigns, executors, representatives, and estate.

JINGLE BELL RUN/WALK FOR ARTHRITIS Release and Waiver Liability Agreement - DOGS:

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 (both this release and the regular participant 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 premises.
- ~ All dog walkers must comply with site location rules not listed above.

JINGLE BELL RUN/WALK FOR ARTHRITIS Release and Waiver of Liability Agreement:

I hereby certify the following: 1) My dog is physically fit and has received medical clearance to participate in the Jingle Bell Run/Walk for Arthritis, (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 for Arthritis being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby agree to indemnify and hold harmless The Arthritis Foundation, Inc., its 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 this event and also waive and forever discharge the indemnities from any and all claims that may accrue as the result of my dog's participation. I understand that this waiver has important legal consequences and limits my ability to recover money if my dog is injured as a result of its 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's Signature _____

Parent/Guardian Signature (if less than 18 y/o) _____

Please return with payment to:

Name: Melissa Gower, Development Director
Address: Arthritis Foundation
1349 Empire Central, Suite 340 Dallas, TX 75247
Email: mgowerr@arthritis.org