



**NON-ADULT VOLUNTEER
(UNDER 18 YEARS OLD)
PARENT/GUARDIAN PERMISSION RELEASE FORM
SEATTLE JINGLE BELL RUN TO BENEFIT THE ARTHRITIS FOUNDATION**

WAIVER RELEASE (signature required): I hereby certify the following: (1) I am medically able and properly trained to participate in the Jingle Bell Run to benefit The Arthritis Foundation; (2) I further agree in the event of an injury or accident that event officials may authorize necessary treatment for me and I further authorize the American Medical Response (AMR), Seattle Fire Dept. (SFD) or any other medical treatment provider to furnish to the event organizers my name, telephone number, and if applicable the name of any hospital or medical facility I was transported to by AMR, SFD or any other medical treatment provider as a result of any injury or medical problem that arose out of this event; (3) I further 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 event; and (4) Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry into this event, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the foregoing: Arthritis Foundation, Gray Day Events, Inc., The City of Seattle, Seattle Police Department, Seattle Fire Department, and all event sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with the Jingle Bell Run to benefit the Arthritis Foundation from any and all claims of liability of any kind whatsoever. Entries cannot be accepted without a valid signature.

Volunteer entries from minors will only be accepted with a parent or legal guardian's signature.

Volunteer Name: _____

Volunteer Organization (if applicable): _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____