

Arthritis Foundation®



Presented Locally by:

ORTHOINDY
Bone, Joint, Spine & Muscle Care
Saturday, December 10, 2011
9 a.m. (EST)

Conseco Fieldhouse
www.indyjinglebellrun.com

Participants who register online by noon on December 7 will be entered for a chance to win a \$50 Visa gift card.

Registration pricing for the 23rd Annual Indianapolis Jingle Bell Run/Walk for Arthritis is as follows:

Adults (13 years and older)

\$22 per person on or before October 31
\$25 per person November 1 - noon on December 7

\$30 per person on packet pick-up **and** event day

Children (12 years and younger)

\$12 per person on or before October 31
\$15 per person November 1 - noon on December 7

\$20 per person on packet pick-up **and** event day

Team registration pricing follows the same structure. All teams must sign up before December 2. Teams must consist of four or more people and include at least one member of the opposite sex. All participants will receive a long sleeve t-shirt and jingle bells.

Registration Form

Department code: Indianapolis JBR 5000

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Male/Female: _____ Date of Birth: _____ Age: _____

T-shirt Size (Circle One):

YS YM S M L XL XXL XXXL

Team Name: _____ Team Captain: _____

Employer/School/Organization: _____

I will participate in the Indianapolis JBR:

Timed Run: _____ Untimed Walk/Run: _____

Santa Chase \$5: _____

- I want to be a team captain
- Please Accept the enclosed check as a donation
- I want to volunteer
- My company has a matching gift program
- I have arthritis. Type: _____
- I would like more information about the Arthritis Foundation

How did you hear about the JBR? _____

Make checks payable to the Arthritis Foundation. Please complete & return this form with payment to:

Indiana Payment Processing Center
P.O. Box 790379

St. Louis, MO 63179-0379

WAIVER/RELEASE - SIGNATURE REQUIRED

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Jingle Bell Run/Walk for Arthritis, (2) In consideration for my application to participate in 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 sponsors, organizers, aliates, 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 video of me and/or my family, taken at the Jingle Bell Run/Walk for Arthritis, for use by the Arthritis Foundation.

I further understand that I will be charged a \$30 fee if my timing chip is not returned to Tuxedo Brothers immediately following the event.

Signature _____ Date _____

If under 18, Parent's or Guardian's signature

From time to time we make our customer list available to other organizations. This process is carefully controlled and it is our hope that you may find information from these groups interesting and helpful. If you would like to be excluded from this sharing process for three years, check this box [____].