

Arthritis Foundation®



Saturday, December 12, 2009
8:00 A.M.

Indiana State Museum
www.indyjinglebellrun.com

Registration for the 21st annual Jingle Bell Run for Arthritis is \$22 per person on or before December 11th. Registration is \$25 the morning of the event. The first 1,000 people to enter will receive a technical tee. All others will receive a long sleeve t-shirt.

Team registration is \$25 per person. All teams must sign up before December 4th. Teams must consist of four or more people and include at least one member of the opposite sex. Each team member will receive a long sleeve t-shirt, jingle bells and gloves.

Registration Form

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: (Home) _____ (Work) _____
 E-mail _____
 Male _____ Female _____ Date of Birth _____ Age _____
 T-Shirt Size S M L XL XXL
 Team Name _____ Team Captain _____
 Employer/School/Organization _____

Please check all that apply:

I will participate in the Indianapolis Jingle Bell Run/Walk for Arthritis:

Timed Run _____ Untimed Run _____ Walk _____
 _____ I want to be a team captain, please send me more information
 _____ 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 Jingle Bell Run/Walk for Arthritis? _____

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, 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 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.

Participant's 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 [].

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

Arthritis Foundation, Indiana Chapter
 Attn: Tammy Sander
 615 N. Alabama Street, Suite 430
 Indianapolis, IN 46204

For credit card payments:

Card Type _____
 Credit Card Number _____
 Expiration Date _____