

Arthritis Foundation®



PRESENTED BY ORTHOINDY

Saturday, December 11, 2010
9:00 A.M. (EST)
Conseco Fieldhouse New Location!
www.indyjinglebellrun.com

Registration for the 22nd Annual Jingle Bell Run for Arthritis is \$22 per person on or before December 10th. Registration is \$25 the morning of the event. Participants that register BEFORE October 10, 2010 (10/10/10) and request a technical tee will receive one in the size ordered. No technical tees are guaranteed after 10/10/10. All other participants will receive a long sleeve t-shirt.

Team registration is \$22 per person. All teams must sign up before December 3rd. 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. Gloves will be available until supply runs out.

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

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 [ ].

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

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

Arthritis Foundation, Central Indiana Branch
Attn: B.J. Farrell
615 N Alabama Street, Suite 430
Indianapolis, Indiana 46204

Questions: 317-879-0321 ext. 203

For credit card payments:

Card Type
Credit Card Number
Expiration Date