



Presented locally by



Sunday, December 14th – 5K race at 9:00AM

At Legacy Village - 25001 Cedar Rd, Lyndhurst, OH, 44124

2014 Registration Form – or register online at <http://jinglebellrunleveland.kintera.org>

Send form & check to: Arthritis Foundation, Great Lakes Region, Northeastern Ohio; 4630 Richmond Rd., Suite 240, Cleveland, OH 44128
Please call Alicia Hansen at 216.285.2822 to register with a credit card over the phone.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Date of Birth _____ Age _____ Gender: Male Female

I will participate in the Jingle Bell Run/Walk on Sunday, December 14, 2014:

Advance Registration (until December 9 at 9:00AM) **Adult Registration: \$30** **Child Registration: \$25**

I plan to: Run Walk

Do you have arthritis? Yes No If yes, what type of arthritis: _____

Will you fundraise to fight arthritis? Yes No

I'm interested in being an Arthritis Foundation volunteer: Yes No

I'm interested in being an Arthritis Foundation advocate: Yes No

May the Arthritis Foundation share your name with other organizations/sponsors? Yes No

Team Information (if applicable):

Team Name _____ Team Captain _____

Please check all that apply:

- I would like more information about the Arthritis Foundation.
- I want to be a team captain. Team name: _____
- Please accept the enclosed check as a donation.
- My company has a matching gift program – name of company: _____

How did you hear about Jingle Bell Run/Walk for Arthritis®? _____

T-Shirt Size: S M L XL XXL XXXL
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WAIVER/RELEASE - SIGNATURE REQUIRED

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 for 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 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.

Participant's Signature _____ Date _____

If under 18 years of age, parent's signature _____ Date _____