



Loudoun County Registration Form—Saturday, December 9, 2017

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Male Female Date of Birth _____ Age _____

I am Running (TIMED) OR Walking (UNTIMED)

Team Name _____ Team Captain _____

REGISTRATION FEES – Before Wednesday, November 1, 2017

- Adult Registration - \$35
- Kids Run (12 and under, UNTIMED) - \$20
- Jingle Bell Express Pass - \$75
- Jingle In Your Jammies - \$30
- *Can't attend the event, but still want to be part of the fun?
Choose this option to receive a shirt and fundraise for a cure!

Wednesday, November 1, 2017 through Event Day

Event Day

- Adult Registration - \$40
- Kids Registration (12 and under, UNTIMED) - \$25

* All other categories remain the same as above

Payment:

Amount Registration Fee(s): _____ Donation Amount: _____

TOTAL AMOUNT: _____

- Check made payable to the Arthritis Foundation, Mid-Atlantic Region, is enclosed
- Charge my Credit Card: **Amount:** _____
Name on Card: _____
Card Number: _____ Security Code: _____ Exp. ____/____

T-shirt Size (circle one): Adult **SMALL MEDIUM LARGE X-LARGE XX-LARGE**

Youth **SMALL MEDIUM LARGE**

JINGLE BELL RUN/WALK FOR ARTHRITIS Release and Waiver of Liability Agreement

I am over the age of 18 or have obtained my parent or guardian's consent as 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 of 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, to the fullest extent permitted by law, hereby waive and forever discharge The Arthritis Foundation, Inc., its sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims that may accrue as the result of my participation; (3) I hereby grant The Arthritis Foundation, Inc. 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 Jingle Bell Run/Walk for Arthritis, for use by The Arthritis Foundation, Inc.; and (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable. I understand that this waiver has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this event. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so. I have read this Agreement, understand its contents and I sign it voluntarily.

Print Name of Participant _____

Signature of Participant _____

Date: _____

Questions about the Event?
For more info contact:
Rachel Wissinger
rwissinger@arthritis.org
 703-743-7532

Visit the Jingle Bell Run Website at:
<http://www.jbr.org/loudoun>

