



Please mail completed form to:
Arthritis Foundation, MS Chapter
406 Orchard Park Dr., Bldg. 2A
Ridgeland, MS 39157

Saturday, May 14 • Kamper Park
7:00 AM Registration/7:30 AM Start

Registration Form

Registration Fee \$15.00

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Date of Birth: _____ Email: _____

Gender: MALE FEMALE

Event Location: _____

ALL PARTICIPANTS WILL RECEIVE A T-SHIRT

Waiver Release: I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Arthritis Walk. (2) Inconsideration of my application to participate in the Arthritis Walk 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 they may accrue as the result of my participation. (3) I hereby grant the Arthritis Foundation 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 Arthritis Walk, for use by the Arthritis Foundation.

Participants Signature _____

Parent/Guardian Signature _____
(if under 18 years old)

From time to time, we make our walk supporter names 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, check this box.

LOCAL SPONSORS

Abbott Immunology
Amgen
The Arthritis Center
Centocor
Forrest General Hospital
Hattiesburg Clinic
Pfizer



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