

SATURDAY, MAY 13 7:30 AM REGISTRATION 8:00 AM START KAMPER PARK

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Pine Belt Pacer's Fee \$10.00 Early Registration \$12.00 Day of Registration Fee \$15.00 Please mail completed form to:
ARTHRITIS FOUNDATION, MS CHAPTER
401 FONTAINE PLACE, SUITE 102
RIDGELAND, MS 39157

Day of Registration Fee \$15.00			RIDGELAND, MS 39157					
Last Name		First Name						
Street Address								
City	State	ZIP Code						
Home Phone	Work	Phone	Email					
Age	Gender: MALE	o FEMALE	Preferred T-Shirt Size					
I am participating in the	: a 5K Run	□ 1 MILE WALK						
Waiver Release: I hearby 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)								
rarent/Guardian Signature (ii	under 18)							









