



8th ANNUAL ARTHRITIS WALK REGISTRATION FORM

Every Team Member Is Required To Register
May 7th, 2009: Downtown Bradenton (Old Main Street)
Registration: 5:00 PM
6:55 PM Run Begins 7:00 PM Walk Begins

Ways to Register:

Online-(this will also allow you to FUNDRAISE online)

Just go to www.arthritis.org (T-shirt goal = \$100)

Or Return This Form-Mail to Arthritis Foundation

410 12th St. West, Bradenton, FL 34205

Or Fax 941-748-2226

Check one: Team Captain Team Walker/Runner Individual Walker/Runner

First Name _____ Last Name _____

Street _____ Suite/Apt. _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Email: _____

Circle Gender: M F Age _____

Team Name _____ Team Captain _____

T-Shirt Size (Please Circle One) S M L XL XXL Youth: S M L

- Dog Registration if Partaking: Pet's Name _____ Breed _____
- **I have arthritis.** Please reserve a blue "hero" hat for me
Type of arthritis _____
- My company has a matching gift program ___Yes ___No
- I am unable to attend, but would like to contribute.

Enclosed donation \$ _____

LIABILITY WAIVER: In consideration of this entry being accepted I and myself, my heirs, and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employers for any claims that may accrue as the result of my participation. Note: Skateboards, bicycles, or headphones are not allowed on the course due to new rules.

Signature _____

(Parent/Guardian's signature if less than 18 years of age)