



letsmove together.org

JOIN TEAM ARA!

- Yes**, I want to join Team ARA!
- I would rather start my own team. Team Name: _____
- I would prefer to walk as an individual
- I cannot participate, but I would like to make a contribution. (*We appreciate contributions of any amount!*)

Name: _____

Name of group/company (*if applicable*): _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Date of Birth: ____/____/____

- ____ Please indicate t-shirt size (*participants who raise \$100 will earn a Walk t-shirt*)
- ____ I would like to volunteer on event day.
- ____ I have arthritis. Type of arthritis: _____
- ____ My company has a matching gifts program.
- ____ Please contact me about starting my own team or I have other thoughts to share.

HELP US NOW TO MOVE TOGETHER TOWARDS A CURE!

All donations are 100% tax-deductible. 88 cents of every dollar donated directly funds the Arthritis Foundation's research, programs and services.

____ My donation is enclosed/attached (*make checks payable to the Arthritis Foundation*)

____ Please charge my credit card \$ _____ (*amount*)

(*circle one*) VISA/MC/AMEX
Card No. _____ Exp. _____

Name on Card: _____ Signature: _____

~Please see reverse~

EVENT INFORMATION

- **Rain or shine**, registration opens at 9 a.m. and the Walk commences at 10 a.m.
- Walk to the sound track of your life and enjoy the tunes of **105.9 The Edge** and **MIX 107.3!**
- Bring the kids and help us spread awareness about juvenile arthritis with the brand new **DC KIDZ ZONE**. Various activities make exercise fun while balloon animals, magic and other programs are available for the less adventurous!
- There is no registration fee; however, participants are urged to raise \$100 to receive the brand new **Let's Move Together t-shirt**—this tee is fashionable enough for the gym! Prizes available for anyone who raises \$250 or more!!
- Take Control of your health w/ free services and information in the **Health & Wellness tent!**
- Show us your moves in the **Let's Move Together video contest!**
- **For more information visit [http://2010arthritiswalk.kintera.org/dc!](http://2010arthritiswalk.kintera.org/dc)**

WAIVER/RELEASE

I hereby certify the following: 1. I am physically fit and have received medical clearance to participate in the Arthritis Walk®, 2. In consideration 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 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 videotape of me and/or my family, taken at the Arthritis Walk®, for use by the Arthritis Foundation.

SPECIAL ARTHRITIS WALK® DOG WAIVER Requirements: 1. All dog walkers must be over the age of 18. 2. Dogs must be accompanied by a registered participant. 3. Participants must pick up after their dog. 4. Dogs must have current shots. 5. All participants must sign Waiver/Release. 5. All dogs must be kept on a maximum 6 foot leash at all times. 6. Female dogs in heat will not be allowed to participate. 7. At the sole discretion of the Event Coordinator, dogs whose behavior is unruly or might prove to be hazardous to participants, other dogs or spectators, will be requested to leave the Arthritis Walk® premises. 7. All dog walkers must comply with site location rules not listed above.

I hereby certify the following: 1. My dog is physically fit and has received medical clearance to participate in the Arthritis Walk®, 2. As owner of the dog, I am over the age of 18 years in age and shall be the only handler of my dog for this event, 3. In consideration of my dog's application to participate in the Arthritis Walk® being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby agree to indemnify and hold harmless the sponsors, organizers, and affiliates, as well as their agents, employees, and volunteers (the "indemnities") from all claims for any liability, injury, loss, or damage in any way connected with my dog walk and also waive and forever discharge the indemnities from any and all claims that may accrue as the result of my dog's participation.

SIGNATURE: _____ DATE: _____

Please mail/fax/email to:



Arthritis Foundation
Attn: Team ARA
2011 Pennsylvania Ave., NW – 6th Floor
Washington, DC 20006
Phone: (202) 537-6800, ext. 3016
Fax: (202) 537-6859
E-mail: cthomas@arthritis.org
Web: <http://2010arthritiswalk.kintera.org/dc>
