

# REGISTRATION FORM

Western New England College, Springfield

# Jolly Jaunt



**SATURDAY**  
**December 4, 2010**  
[www.jollyjaunt.org](http://www.jollyjaunt.org)

**Registration 9:00 AM**



to benefit: **Special Olympics**  
Massachusetts

Official Sponsor:



**new balance foundation**

Registration Fee: **\$35.00**. Suggested fundraising goal \$500.00 (see reverse for incentives!)

Make check payable to: Special Olympics MA, 898 Prospect Street, Chicopee, MA 01020

**OFFICIAL USE ONLY**

## PLEASE CHECK ONE:

\_\_\_\_\_ 5K Race      \_\_\_\_\_ 10K Race      \_\_\_\_\_ 1 Mile Walk      \_\_\_\_\_ Kid's Dash & Walk  
(kids 12 & under)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER:    Male    Female

**Are you a member of a Jolly Jaunt team? Yes / No**

If yes, team name: \_\_\_\_\_

**T-Shirt Size:** Please circle one

\*Limited to first 200 paid participants at each location

\*\* See Pledge Sheet on back for exciting new incentive prizes!

Small   Medium   Large   X-Large   XX-Large

**Are you fundraising for a SOMA local program? Yes / No**

If yes, local program name: \_\_\_\_\_

\*15% of funds raised by local programs will be reserved for west section program related expenses.

In consideration of participating in the Jolly Jaunt I represent that I understand the nature of road race events and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the event.

I fully understand that road race events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Massachusetts its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place (each considered one of the "Releasees" herein) from liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and further agree that if, despite this release, waiver of ability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have give up substantial rights by signing it and have signed freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (ONLY IF AGE 18 OR OVER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (IF PARTICIPANT UNDER AGE 18)