

REGISTRATION FORM

Berkshires * Springfield * Worcester

Jolly Jaunt



SATURDAY
December 5, 2009
www.jollyjaunt.org
Registration 8:00 AM



to benefit: **Special Olympics**
Massachusetts



Registration Fee: **\$35.00*** Make check payable to: Special Olympics MA
Mail Form and Fee to: 898 Prospect Street, Chicopee, MA 01020

PLEASE CHECK ONE:

Berkshire Jolly Jaunt
Crowne Plaza
1 West Street, Pittsfield

Springfield Jolly Jaunt
Western New England College
1215 Wilbraham Road, Springfield

Marlborough Jolly Jaunt
Special Olympics Massachusetts
Yawkey Sports Training Center
512 Forest Street, Marlborough

OFFICIAL USE ONLY

5K
 10K
 1 Mile Walk

5K
 10K
 1 Mile Walk

5K
 10K
 1 Mile Walk

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!

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.

Small Medium Large X-Large XX-Large

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) _____