**SECOND ANNUAL**

**PROGRESSIVE PEDIATRIC THERAPY**

**JINGLE BELL JOG**



**CALLING ALL KIDS! WE NEED RUNNERS, WALKERS, WHEELCHAIRS, STROLLERS OF ALL AGES AND ANY ABILITIES!**

**When**: December 7, 2019 at 10 am

**Where**: American Legion. 400 N. Oak St. Falls Church VA . The race will have a half mile and a 1-mile fun run on the W and OD trail. We will have volunteers at each turn around to help the kids know where to turn and to help cheer all runners on!

**Fee**: $20 per runner. This will include the cost of a tee-shirt and winners medals. Please register by November 7th in order to ensure tee shirt delivery.

We will have Santa and light refreshments as well as a Toy collection box. Please feel free to bring new unwrapped toys for us to deliver to local families.

** 1 mile and ½ mile Fun Run/Walk Waiver & Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, know that running is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event, including but not limited to falls, contact with other runners, the effects of weather, including high/low temperatures, traffic conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my entry, I for myself and anyone entitled to act on my behalf, waive and release Progressive Pediatric Therapy, the city of Falls Church, and all of their liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness arising on the part of the persons named in this waiver.

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**Signature | Signature of parent/guardian (if under 18 years of age) Date**

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**Photo Release**

I  **DO**  **DO NOT** consent to and authorize the use and reproduction by Progressive Pediatric Therapy of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward/my guests for promotional material, educational activities, exhibitions or for any other use for the benefit of Progressive Pediatric Therapy.

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**Signature | Signature of parent/guardian (if under 18 years of age) Date**

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**Tee shirt Size**

Youth Small Adult Small Adult Extra Large

Youth Medium Adult Medium

Youth Large Adult Large