

4th Annual Jingle Jog

Hosted by AIB College of Business

Send Registration Form to:
AIB College of Business
C/O Ann Wright
2500 Fleur Dr.
Des Moines, IA 50321

JINGLE JOG – DECEMBER 17, 2011 AT 8:30 A.M.

Race starts and ends at South Entrance to Gray's Lake

Jingle Jog, hosted by the AIB College of Business, will consist of a 2- or 4-mile run/walk around Gray's Lake, Des Moines, Iowa. Prizes will be awarded to 1st, 2nd, and 3rd place in age groups and by gender. Long-sleeved shirts, jingle bells, and food will be guaranteed to all that preregister.

**Award ceremony will begin promptly at 9:30AM for both the 2- and 4-mile races
(Check-in on day of race 7:30 to 8:15 A.M.)**

NAME: _____ AGE ON 12/20/11 _____ MALE/FEMALE
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ MOBILE PHONE: _____
EMAIL ADDRESS: _____
SHIRT SIZE (CIRCLE ONE): XXL XL L M SM
2 MILE: _____ 4 MILE: _____

Downloaded via RunningWall.com



**\$20 Pre-Registration Fee (Ends on November 30th)
\$25 after November 30th (Registration at Check-in on Race Day)**



Make checks payable to AIB College of Business

All proceeds will benefit AIB student organizations with a percentage to be donated to DMARC

Please direct any questions to Ann Wright, Jingle Jog Chair, at wrighta@aib.edu or visit www.jinglejog.org

WAIVER, RELEASE OF LIABILITY AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in the Jingle Jog (AIB BA department) program (the "Activity"), I agree to be bound by each of the following:

Identification of Risks – I understand that participation in the Activity may involve risk of injury, and/or disability.

Assumption of Risk – I am physically and psychologically ready to participate in the Activity and assume all risks connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participating in the activity.

Waiver and Release – I hereby release and discharge AIB College of Business, AIB BA department, City of Des Moines, race officials, sponsors, and each of their employees from all claims for any liability, injury, loss or damage in any way connected with my participation in the Activity, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives that might pursue any legal action or claims for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including participation in other programs or opportunities of AIB College of Business and/or AIB BA department.

SIGNATURE _____ **DATE:** _____

Media Release – I grant permission to the aforementioned organizations and individuals to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Consent to Medical Treatment – I agree that AIB College of Business and/or AIB BA department (including employees) may, but has no duty to, provide medical treatment provide to me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.

I have read this Waiver, Release and Consent form and understand that I have given up substantial rights by signing it. I am signing this Waiver, Release and Consent form freely, and voluntarily.

SIGNATURE _____ **DATE:** _____

If the person(s) participating in the Activity is not yet 18 years old: As a parent or legal guardian of the child (children) named on the Membership Application, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent form.

SIGNATURE _____ **DATE:** _____