



### Race Waiver and Release

I/we AGREE AND UNDERSTAND THAT FOR MYSELF AND ANY OTHER INDIVIDUAL THAT IS UNDER MY CARE AND / OR SUPERVISION have willingly agreed to participate in the activities presented during this event. I assume all risks associated with this event, including but not limited to falls, contact with other participants, the effects of climate and any other conditions that may be present or present themselves during the course of the event, all such risks being known and appreciated by me. I know that there will be traffic on the course, and I assume the risk for running in traffic. I know and understand that participation could include walking, running, jumping, bouncing and any other type of activity that is offered or that I elect to participate in is potentially hazardous and that I should not enter and /or participate unless I am medically able to do so. I agree to abide by any decision relative to my ability to safely engage in the planned activities.

Having read this waiver and knowing these facts and in consideration of acceptance of the entry fee, I hereby for myself, heirs, executors and administrators and as a parent or caregiver or anyone else who might on my behalf have an interest, covenant not to sue, and waive, release, and discharge Autism Cares Foundation, sponsors, promoters and any subcontractors utilized, the municipality in which the race is held, the race committee, volunteers, any and all sponsors, including their agents, employees, assignees, or anyone else acting on their behalf, or anyone else associated with the race, from any and all claims of liability, foreseen or unforeseen, known or unknown, for death, personal injury or property damage of any kind or nature whatsoever, or any other type of loss associated with this event, including pre and post activities, that I and/or a child in my care may have against the Autism Cares Foundation, Inc., and/or any individuals associated with this organization, their representatives, volunteers, board of directors, officers, and any other person(s) that may be affiliated with this event. I grant permission to the organizers of this event, the Autism Cares Foundation and their authorized agents to use my name, photographs, videotapes, in connection with this event, including any other record of my participation in this event.

**By signing below I acknowledge that I have read and I agree to the Race Waiver & Release.**

\_\_\_\_\_  
Signature/Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

Bib # \_\_\_\_\_ (Completed by Registration Staff)

Address \_\_\_\_\_

Name \_\_\_\_\_

City / State/Zip \_\_\_\_\_

Age on 11/12/11 \_\_\_\_\_

Phone \_\_\_\_\_

Gender  Female  Male

Email \_\_\_\_\_

- 10K Race \$35
- 5K Race \$35
- 2 Mile Walk \$30
- 2 Mile Walk- 10 and under free

Shirt Size YM YL S M L XL

Additional Donation: \$ \_\_\_\_\_

Team \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Payment Type: Cash Check

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_

**Please have checks filled out prior to getting in line at the registration table,  
payable to  
Autism Cares Foundation**