

Autism JAM 5K Run/Walk Registration

August 8th, 2009 11:00 AM Mendon Ponds Park



Cost: \$20.00 per person (\$40.00 per family 2 or more). Includes admission to the picnic immediately following the event.

Race start: 11:00 AM on Douglas Road, South of Canfield Road near exit road to beach parking lot.

Check-in: 9:00 AM - 10:30 AM

Complete this form and sign the waiver. (PLEASE PRINT)

Date of Birth (mm/dd/yy) _____ Age _____ Gender: M F

Last Name _____

First Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email Address _____

(Email used for sending race information only if needed)

T-Shirt Size (Circle one): Youth: L Adult: S M L XL XXL

VOLUNTEERS

- I am participating and would like more information on volunteering before and after the event.
- I am unable to participate but would like to be a volunteer.
- I am unable to participate but enclosed is my donation of \$ _____ (payable to Autism Speaks)

WAIVER: I know that running or walking a road race is a potentially hazardous event and I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Autism JAM, Autism Speaks, Mendon Ponds Park, and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of a negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, records or any other record of this event for any legitimate purpose. Race will be held regardless of weather conditions. Registration is final, no refunds.

Signature Required

X _____

Signature of entrant (Guardian if under 18) and date

X _____ Date _____

Make checks payable to **Autism Speaks** and mail registration form (make a copy for your records) to:

Autism JAM | P.O. Box 245 | Fairport, NY 14450 Questions: (585) 899-9318 or email info@autismjam.org More Info: autismjam.org

Registration will not be accepted without payment enclosed