



**2009 Autism 5K Run/1 Mile Fun Walk
April 18, 2009 – Southwood**

Race Registration

FSU Autism Project
625-B North Adams Street
Tallahassee, FL 32301

One form per registrant.

| | | |
|---------------|-------------------------|------------------------------------|
| Time: 7:30 AM | Check-in & Registration | Registration: \$10.00 (No T-shirt) |
| 8:30 AM | 1 Mile Fun Run | \$15.00 (With T-shirt) |
| 9:00 AM | 5K Race | \$20.00 (Race Day) |
| | | \$ 5.00 (12 & Under) |

Registration: \$ _____

Additional Donation: \$ _____

Enclosed: \$ _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Gender: Male Female Date of Birth: ___/___/___ Age on day of race: _____

T-shirt Size: XS S M L XL XXL No T-shirt

(T-shirt not guaranteed for race day registering.)

Waiver: In consideration of your acceptance of my entry as a participant in the **2009 Autism 5K Run/1 Mile Fun Walk**, I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release all claims for damages, for death, personal injury, or loss of property against the Florida State University, **FSU Autism Project**, the FSU Autism Institute, Gulf Winds Track Club, Inc., and all volunteers and others promoting or assisting in any way the **2009 Autism 5K Run/1 Mile Fun Walk**, which may result from my participation on April 18, 2009, or while traveling to or from this event. My participation is voluntary and done at my own risk. I fully understand I am forever giving up in advance any right to sue or make claims against the parties I am releasing if I suffer injuries and damages, and am voluntarily assuming the risk of such injuries and damages. I have read and understand everything written above and I voluntarily sign this agreement.

Print name of Participant

Signature of Participant (only if 18 years or over)

Date

Signature of Parent/Legal Guardian
(if participant is under 18 years)

- ✓ Please make all checks payable to: **FSU Autism Project**.
- ✓ For more information please contact Veronica Jones at veronica.jones@med.fsu.edu or call (850) 488-3514.

Complete and sign form(s). Add payment and put in mail or drop it by our office. Thank you.

NET PROCEEDS TO BENEFIT THE **FSU AUTISM PROJECT**.