



**2011 Autism 5K / 1 Mile Fun Run
March 26, 2011 – Southwood**

Race Registration

FSU Autism Project
625-B North Adams Street
Tallahassee, FL 32301
One form per registrant.

Please submit pre-registration form by March 18th

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

Pre-Registration: \$ _____ <i>(on or before March 25 - \$10.00 No Shirt, \$15.00 w/ shirt)</i> Additional Donation: \$ _____ <i>(donor will receive acknowledgment from the FSU Foundation)</i> Total Enclosed: \$ _____	Race Day Registration*: \$ _____ <i>(on March 26 - \$20.00 – with or without shirt*)</i> Additional Donation: \$ _____ <i>(donor will receive acknowledgment from the FSU Foundation)</i> Total Enclosed: \$ _____
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*Registration Packet Pick-up Information: Packet pick-up will be available on Monday, March 21; Tuesday, March 22; & Wednesday, March 23 from 10:00 AM – 7:00 PM in the lobby of Capital City Runners, 1866 Thomasville Road, Tallahassee, FL 32303 (Capital Plaza Shopping Center).
We recommend that you pick up your race packet on the dates listed above prior to race day.*

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 registrations.)

Waiver: In consideration of your acceptance of my entry as a participant in the **2011 Autism 5K/1 Mile Fun Run**, 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 **2011 Autism 5K/1 Mile Fun Run**, which may result from my participation on March 26, 2011, 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 <i>(only if 18 years or over)</i>
_____	_____
Date	Signature of Parent/Legal Guardian <i>(if participant is under 18 years)</i>

- ✓ Please make all checks payable to: **FSU Autism Project**.
- ✓ For more information, please contact Kim Welch at kim.welch@med.fsu.edu or call (850) 488-3514.

FOR OFFICE USE ONLY:	Date Received:
Amount Received:	<input type="checkbox"/> CASH <input type="checkbox"/> Check #:

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**.