



Families Helping Families of Greater Baton Rouge

ACTIVE for Autism

11th Annual 5K, Fun Walk & Family Fun Fest

Saturday, May 2nd, 2020

Runner #: _____

Payment Method:

____ Credit/Debit ____

____ Check # ____

____ Cash

Registration:

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Parish: _____

Telephone: _____ E-mail: _____

Team Name: _____ T-shirt Size: _____

Please Check One: Walker Runner

I _____, wish to participate in 11th Annual Active for Autism 5K, Fun Walk & Family Fun Fest. I understand the acceptance of this waiver is required to participate in the event. I further understand I am solely responsible for my health and safety. I acknowledge that I am physically capable of participating in and completing this event. I agree to abide by any decision of an event official relative to my ability to complete this event safely. I further agree that event officials or volunteers may authorize necessary emergency treatment for me. If I am injured as a participant in the event, I agree to assume all responsibility and to release and hold harmless Families Helping Families of Greater Baton Rouge, its officers and representatives. I agree to allow Families Helping Families of Greater Baton Rouge, and their contractors, agencies and sponsors, the use of my name and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media. I have carefully read this "Waiver and Release" and fully understand its contents. I am aware this is a RELEASE OF LIABILITY and a contract between myself and the persons and entities mentioned above. I accept such of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this "Waiver and Release." The parent or legal guardian understands and consents to its terms, and authorizes the participation of the registrant by signing this form.

Signature of Participant: _____ Print Name: _____

If under 18:

Signature of parent or legal guardian: _____ Relationship: _____