

***Participants are encouraged to come dressed in their best Superhero Costume!**



EARLY PACKET PICK-UP:

Northwood Centre – Main Entrance

Thursday, April 16 4:00 PM – 7:00 PM & Friday, April 17 11:00 AM – 2:00 PM

**Register online @ fsu-autism-superhero.eventbrite.com
or by mail to Autism Institute
1940 North Monroe, Suite 72 Tallahassee, FL 32303**

More information at autism.fsu.edu

FSU AUTISM SUPERHERO 5K & 1 MILE FUN RUN

April 18, 2015

All net proceeds to benefit the FSU Autism Institute

Register/Check-in at 7AM | 1 Mile Run at 8AM | 5K at 8:30AM

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail: _____

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

T-shirt Size (circle one): XS S M L XL XXL No T-shirt

Waiver: In consideration of your acceptance of my entry as a participant in the 2015 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 Institute, Northwood Centre, Gulf Winds Track Club, Inc., and all volunteers and others promoting or assisting in any way the 2015 Autism 5K/1 Mile Fun Run, which may result from my participation on April 18, 2015, 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. In addition, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other of this event for any legitimate purpose.

_____ \$15 - PRE-REGISTRATION FEE (w/o shirt)
_____ \$20 - PRE-REGISTRATION FEE (with shirt)
(Cut-off Sunday, April 12th)
_____ \$25 - RACE DAY REGISTRATION
(with shirt, while supplies last)

\$ _____ ADDITIONAL DONATION
\$ _____ TOTAL

MAKE CHECKS PAYABLE TO: FSU AUTISM INSTITUTE

Signature of Participant (Parent or Legal Guardian, if under 18 years old)

Date

