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FSU Autism Institute

Register Online!
www.raceit.com

6th Annual FSU Autism Institute 5K & 1 Mile Fun Run Southwood Town Center March 30, 2013

Event Schedule

Register/Check-in
7:30 AM

1-Mile Run Start
8:30 AM

5K Run Start
9:00 AM

Pre-race stretches!

Entertainment!

Face Painting!

Post Run Snacks!

For more information visit us at
www.autism.fsu.edu or call us at 850.488.4072

Please submit pre-registration entry by March 22nd
Online PRE-Registration Ends March 22nd

All age groups welcome!

- \$10 PRE-Registration Fee without Shirt
- \$15 PRE-Registration Fee with Shirt
- \$20 Race Day Registration

shirts are not guaranteed for race day registrations

Prizes to top runners in each 5K age category!

Please send registrations and make checks payable to **FSU AUTISM INSTITUTE**
1940 North Monroe Street, Suite 72, Tallahassee, FL 32303

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: XS S M L XL XXL No T-shirt

Waiver: In consideration of your acceptance of my entry as a participant in the **2013 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**, Gulf Winds Track Club, Inc., and all volunteers and others promoting or assisting in any way the **2013 Autism 5K/1 Mile Fun Run**, which may result from my participation on March 30, 2013, 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 (18 years or older)

Date

Signature of Parent/Guardian (17 or younger)

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

