

Autism Awareness 5K



join us on
Saturday, April 27, 2013
Sewall's Point

Registration begins at 7 a.m. & race starts at 8 a.m.
1-mile fun run/walk for kids at 9:15 a.m!

Entry Fee: Registration for each runner is \$20 for pre-registration and includes a t-shirt, snacks and race entry if registered before Wednesday, April 24th at noon. After that, registration will be \$25 for race entry. T-shirts will be guaranteed to pre-registered runners. Please register for the race at: <https://fauf.fau.edu/CARD5k>

Course: Road race through the scenic neighborhood of South Sewall's Point with snacks, vendors and music! USATF certified course and chipped timed finish provided by MCM Timing.

Questions: contact Maryellen Quinn-Lunny at mqlunny@fau.edu

Race Entry Form

Name: _____ **Gender:** M F

Address: _____

Email: _____ **Age:** _____

Phone: _____ **Shirt Size:** _____

I hereby express and affirmatively state that I, or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risks of injury, including but not limited to loss of future earning capacity, loss or damage to personal property, various degrees and severity of injury, all other possible risks of injury and even death which occur by reason of me/my child's participation and release the FAU Center for Autism and Related Disabilities, MCM Timing and the Town of Sewall's Point and its agents and employees there from. I intend to be legally bound, and do hereby, for myself, my heirs, and executors, waive and release any and all rights and claims for damages which I may have or which may hereinafter accrue to me. If I, or participant I represent, should suffer injury or illness I authorize officials of the race to use their discretion to be transported to a medical facility and I take full responsibility for this action. I voluntarily choose to participate, or allow my child to participate, assuming all risks. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any record for this event for any purpose.

Signature: _____ **Date:** _____

Signature of Parent (if under 18): _____ **Date:** _____

Make checks payable to: FAU Foundation/FAU CARD

Mail entry forms to: FAU CARD, College of Education, ESE Department, 777 Glades Rd., Boca Raton, FL 33431-0991