

Name						
Address						
Email				Phone		
Age on May 24, 2014			Gender			
Tee shirt size (circle one): Child S	Small Child N	ledium Adu	ılt Small Adu	dult Medium Adult Large Adult XL Adult XXL		
Registration Options: (circle pref	erred option	below)				
Non Timed Child age 2 and under \$0 Basic registration for children age 3 a			s will not be pro	professionally timed.		
Chip Timed Adult/Child age 11 and o These Adults and Children age 11 and electronically track your time.				e will be a timing tag adhered to the back of your bib that will		
Non Timed Adult/Child age 11 and of Basic registration for adults and child				vill not be professionally timed.		
Chip Timed Child age 3-10 yrs \$15.00 These Children age 10 and under will track your time.		lly timed. The	ere will be a tim	timing tag adhered to the back of your bib that will electronicall		
Non Timed Child age 3-10 years \$10. Basic registration for children age 10		se participan	ts will not be p	e professionally timed.		
				ciety Central VA 5K. This participant will be mailed a beach towe towel, we will include them in the 2014 photo gallery!		
Registering as a part of a team	<mark>n:</mark> YES	NO	Name of	of Team		
Method of Payment:	VISA	Mast	terCard	Check (payable to Autism Society Central Virginia)		
Credit Card	Expiration Date					
Signature						
ability to safely complete the run. I assume all risks associated of the course. Having read this waiver and knowing these fact Society Central VA Chapter, the national Autism Society, Hen in this event, even though that liability may arise out of neglige	d with running this event s, and in consideration o rico Co., Commonwealth ence or carelessness on race conducted under th	including, but not limi f your accepting my e n of VA and all other s the part of the person e rules of the RRRC.	ted to: falls, contact with entry, I, for myself and an ponsors or directors, the is named in this waiver. I	adically able and properly trained. I agree to abide by decisions made by the race officials relative to my with other participants, the effects of the weather, including high heat and humidity, traffic and the conditio d anyone entitled to act on my behaft, waive and release the Richmond Road Runners Club, the Autism , their representatives and successors from all claims or liabilities of any kind arising out of my participation er. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any he safety of all the participants, no headphones, animals on a leash, motorized vehicles or any type,		
Signature (if under 18, parent must sig	n)					
Event is RAIN or SHINE! In the event t	hat you are unat	ole to attend th	e race, your regi	egistration will be accepted as a donation to the chapter. Thank you!		
Mail registration form to: Auti	sm Society Ce	ntral Virginia	a 5K Run/Walk	alk for Autism PO Box 2487 Glen Allen, Virginia 23058		
				vith this form is May 23, in person, at the pre-race packet pickup location. NOTE: O ONSITE REGISTRATION or ONSITE packet pick up.		

Dominion Virginia Power-Weinstein Properties-Pediatric Center-Grafton Integrated Health Network-Neurosurgical Associates, PC- Faryl K. Hart, D.D.S-Pediatric Dentistry and Orthodontics of Virginia- annaB's Gluten Free-Erie Insurance-Autastic Avenues









