

| Name | | | | | | | |
|--|---|--|--|--|---|---|---|
| Address | | | | | | | |
| Email | | | Phone | | | | |
| Age on May 24, 2014 | | Gender | | | | | |
| Tee shirt size (circle one): Child Sm | all Child N | 1edium Adu | ılt Small Adu | lt Medium | Adult Large | e Adult XL | Adult XXL |
| Registration Options: (circle preferr | ed option | below) | | | | | |
| Non Timed Child age 2 and under \$0 Basic registration for children age 3 and | under. Thes | se participant | s will not be pro | ofessionally t | imed. | | |
| Chip Timed Adult/Child age 11 and olde These Adults and Children age 11 and olde electronically track your time. | | orofessionally | timed. There w | vill be a timir | ng tag adhered | to the back | of your bib that will |
| Non Timed Adult/Child age 11 and olde Basic registration for adults and children | | older. These p | articipants will | not be profe | essionally time | d. | |
| Chip Timed Child age 3-10 yrs \$15.00 These Children age 10 and under will be track your time. | professiona | ally timed. The | ere will be a tim | ning tag adhe | ered to the bad | ck of your bib | that will electronical |
| Non Timed Child age 3-10 years \$10.00 Basic registration for children age 10 and | l under. The | ese participan | ts will not be p | rofessionally | timed. | | |
| Virtual Participant \$50.00 For those who cannot be at the event bu with the 5K logo on it. And if you take an | | | | | | | |
| Registering as a part of a team: | YES | NO | Name of | Team | | | |
| Method of Payment: | /ISA | Mast | terCard | Ch | eck (payable t | to Autism Soc | ciety Central Virginia) |
| Credit Card | Expiration Date | | | | | | |
| Signature | | | | | | | |
| Waiver: I know that participating in a road race is a potentially haz ability to safely complete the run. I assume all risks associated with of the course. Having read this waiver and knowing these facts, an Society Central VA Chapter, the national Autism Society, Henrico in this event, even though that liability may arise out of negligence other media of this event for any legitimate purpose. This is a race skateboards and/or skates will be allowed. Strollers will be allowed | running this event d in consideration of co., Commonwealth or carelessness on conducted under the | including, but not limit of your accepting my each of VA and all other so the part of the person are rules of the RRRC. | ted to: falls, contact with entry, I, for myself and any ponsors or directors, their is named in this waiver. I | other participants, the yone entitled to act of r representatives and grant permission to | e effects of the weather in my behalf, waive and d successors from all cl all of the foregoing to us | , including high heat a release the Richmon aims or liabilities of a se any photographs, r | and hum idity, traffic and the condition of Road Runners Club, the Autism ny kind arising out of my participation motion pictures, recordings or any |
| Signature (if under 18, parent must sign) Event is RAIN or SHINE! In the event that | you are unal | ble to attend th | ne race, your regi | stration will b | e accepted as a | donation to the | ne chapter. Thank you! |

Mail registration form to: Autism Society Central Virginia 5K Run/Walk for Autism PO Box 2487 Glen Allen, Virginia 23058

Mail in forms should be postmarked by May 16 to allow for processing. The last day to register with this form is May 23, in person, at the pre-race packet pickup location. NOTE:

Prices will increase by \$5 for all adults after May 1st. There will be NO 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









