

Name				111dy 20, 1	
Address		City	State	Zip Code	
Email			Phone _		
Birth date		Gender			
Tee shirt size (circle one):	Child Small Child	d Medium Adult Small Adult N	ledium Adult Large	dult XL Adult XXL	
Registration Options: (circ	cle preferred opti	on below)			
Non Timed Child age 2 and Basic registration for child		der. These participants will not b	e professionally timed.		
Chip Timed Adult/Child ag These Adults and Children electronically track your ti	age 11 and older		ere will be a timing tag a	dhered to the back of your bib tha	t will
Non Timed Adult/Child ag Basic registration for adult		30.00 e 11 or older. These participants	will not be professiona	ly timed.	
Chip Timed Child age 3-10 These Children age 10 and track your time.		rfessionally timed. There will be	a timing tag adhered to	the back of your bib that will electr	ronical
Non Timed Child age 3-10 Basic registration for child	-	nder. These participants will not	be professionally timed		
	t the event but st	till want to support the Autism S Share vacation pictures with you		nis participant will be mailed a bead them in the 2016 photo gallery!	ch towe
Registering as a part of a t	<mark>eam:</mark> YES	NO Name of Team _			
Method of Payment:	VISA	MasterCard	Check (payable to A	utism Society Central Virginia)	
Credit Card		Expiration Date _	Secu	rity Code	_
Signature			Zip Code		
properly trained. I agree to associated with running this and humidity, traffic and the entry, I, for myself and anyo Chapter, the national Autisr from all claims or liabilities carelessness on the part of recordings or any other medians.	abide by decisions event including, I conditions of the one entitled to act in Society, Henrico f any kind arising the persons namedia of this event foants, no headphor	s made by the race officials relatively to the race officials, contact with course. Having read this waiver on my behalf, waive and release to Co., Commonwealth of VA and out of my participation in this every official this waiver. I grant permission any legitimate purpose. This is nes, animals on a leash, motorize	ve to my ability to safely of th other participants, the and knowing these facts, the Richmond Road Rur all other sponsors or dire ent, even though that liab on to all of the foregoing a race conducted under	e run/walk unless I am medically able complete the run. I assume all risks effects of the weather, including high and in consideration of your acceptiners Club, the Autism Society Centrotors, their representatives and succility may arise out of negligence or to use any photographs, motion pictine rules of the RRRC. In considerative and/or skates will be allowed.	h heat ing my ral VA cessors ures, tion of
Signature (if under 18, pare	nt must sign)				

Event is RAIN or SHINE! In the event that you are unable to attend the race, your registration will be accepted as a donation to the chapter. Thank you!

Mail registration form to: Autism Society Central Virginia 5K Run/Walk 200 South 3rd Street Richmond, Virginia 23219

Mail in forms should be postmarked by May 23 to allow for processing. The last day to register with this form is May 27, in person, at the pre-race packet pickup location. Packet pick up is on Friday, May 27 from 10am-7pm in Innsbrook. NOTE: Prices will increase by \$5 for all adults after May 1st. There will be NO ONSITE REGISTRATION or ONSITE packet pick up.