

Name					May 26, 20		
Address		City		State	Zip Code		
Email		Phone					
Birth date		Gender					
Tee shirt size (circle one):	Child Small	Child Medium	Adult Small	Adult Medium	Adult Large	Adult XL Adult XXL	
Registration Options: (circ	le preferred opti	on below)					
Non Timed Child age 2 and u Basic registration for children		_					
Non Timed Child age 3-10 yea Basic registration for children				•			
Chip Timed Child age 3-10 ye These Children age 10 and un track your time.			•	•	e back of your bik	o that will electronically	
Non Timed Adult/Child age 1 Basic registration for adults a	•	**	-	•	timed.		
Chip Timed Adult/Child age 1 These Adults and Children age electronically track your time	e 11 and older will b	**	•	•	nered to the back	of your bib that will	
Virtual Participant \$50.00 (pr For those who cannot be at th with the 5K logo on it. And if v	ne event but still wa	int to support the	Autism Society		•		
Registering as a part of a	t <mark>eam:</mark> YES	NO	Name of Tear	n		<u>-</u>	
Method of Payment:	VISA	MasterCa	ard Che	<b>ck</b> (payable to Au	tism Society Ce	ntral Virginia)	
Credit Card		Expirat	ion Date	Sec	urity Code		
Signature		Zip Code					
Waiver: I know that participating properly trained. I agree to abid with running this event including traffic and the conditions of the and anyone entitled to act on the national Autism Society, He claims or liabilities of any kind apart of the persons named in the media of this event for any legingarticipants, no headphones, at the walker's portion of the race	le by decisions mading, but not limited to: course. Having reach by behalf, waive and enrico Co., Common arising out of my par is waiver. I grant petimate purpose. This nimals on a leash, n	e by the race offici falls, contact with this waiver and k release the Richn wealth of VA and a ticipation in this ev rmission to all of th is a race conduct	als relative to my other participants nowing these fac- nond Road Runniall all other sponsors rent, even though he foregoing to used under the rule	ability to safely com s, the effects of the w tts, and in considerati ers Club, Mettle Ever s or directors, their re that liability may aris se any photographs, s of the RRRC. In co	plete the run. I asseather, including hon of your acceptints, the Autism Sorpresentatives and se out of negligener motion pictures, rensideration of the	sume all risks associated ligh heat and humidity, ng my entry, I, for myself ciety Central VA Chapter, successors from all ee or carelessness on the accordings or any other safety of all the	

Signature (if under 18, parent 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 21 to allow for processing. The last day to register with this form is May 25, in person, at the pre-race packet pickup location. Packet pick up is on Friday, May 25 from 10am-7pm in Innsbrook. There will be NO ONSITE REGISTRATION or ONSITE packet pick up.