



Sharpville **AUTISM SPEAKS**

2nd Annual 5K Run/Walk for Autism

Team Registration Form

When: Saturday, April 29, 2017 at 10:00 A.M.

I know that running a road race is a hazardous activity which could cause injury or death. I should not run unless I am medically able, and by my signature, I certify that I am medically able to perform this event and am in good health. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of weather, and traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Sharpville Area School District, the city of Sharpville, the Autisms Speaks Organization, and all their sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature* _____

Parent or Guardian must sign for participants under 18 years of age

Name of Team: _____

Please be sure to submit the forms of ALL members of the team together

Personal Information:

Name: _____

Street Address: _____

City: _____

Age: _____ Email: _____

Shirt Size (circle one): Youth Large Small Medium Large X-Large

Fee for individual runners in a team of less than 10 is \$18 per person. Fee for individual runners in a team of 10 or more is \$15 per person.

*Please mail entries to Sharpville School District, 1 Blue Devil Way, Sharpville, PA 16150