

2ND ANNUAL **COMMUNITY 5K RUN**

FOR AUTISM AWARENESS

WHEN: Sunday, April 25, 2010
Registration at 9:00 a.m
Race starts promptly at 10:00 a.m.

WHERE: Quinsigamond Lake Park,
Lake Avenue, Worcester

COST: \$20.00 before race, \$25.00 day of race

RUN FOR FREE

**WHEN YOU RAISE \$100 IN DONATIONS ONLINE OR OFFLINE:
TO CREATE AN ONLINE FUNDRAISING PAGE, VISIT**

www.firstgiving.com/arccm.

TO DOWNLOAD AN OFFLINE SPONSOR SHEET, VISIT

www.autismresourcecentral.org/walk.html.

First, you must register to run; your fee will be returned to you on the day of the event.

PRIZES: Top Three in each age/gender category

REFRESHMENTS: Available to runners after the race

T-SHIRTS for the first 100 registered

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Gender: M or F (Please circle) Age on April 25, 2010: _____

T-Shirt Size: Small Med. Large XLarge (Please circle)

WAIVER AND RELEASE (must be signed to participate in race)



I am aware that running is a potentially hazardous activity. I should not enter and run in this event unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I hereby certify that I am in good health and I have trained to run the distance of this race. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the roads, sidewalks, and pathways of the course, all such risks being recognized and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this race, I, for myself, my heirs, executors and administrators, successors and assigns, and anyone entitled to act on my behalf, waive and release HMEA/The Autism Resource Center of Central MA, its

officers, directors, members, agents and volunteers, sponsors 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 any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates, inline skates, and animals are not allowed in the event and I will abide by this guideline.

Signature of Participant (if runner is under 18 years of age, parent/legal guardian must sign)

Send completed application and entry fee payable to: Autism Resource Center
71 Sterling Street, West Boylston, MA 01583