



2026 Autism Superhero 5K Run & Walk

Saturday, April 18, 2026

Event Waiver

I acknowledge and assume all risks associated with this event including, without limitations, falls, animal bites, food poisoning, effects of weather, including heat and humidity, traffic, road and ground conditions. **I have read and full understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive and release Autism Resource Center, a program of Advocates, Inc., its employees, directors, officers, volunteers, agents, successors and assigns from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event.** Further, I grant full permission to the Autism Resource Center to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of this event. I waive the right to inspect versions of my image used for publication or the written copy in connection with the images.

Emergency Contact Name/Telephone Number: _____

Please check here: I have read, understand, and fully agree to the terms of the waiver.

Print Name: _____ Signature: _____

Parent or Guardian's signature required if Participant is under 18 years of age:

Date: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

This form must be completed and signed to register for this event.