

Grant a Gift Autism Race for Hope and Fun Walk Individual Registration Form

You can also register online at www.GrantaGiftAutismFoundation.org

TEAM MEMBERS:

Please return signed form/fee to your Team Captain
PLEASE DO NOT MAIL INDIVIDUALLY:

MUST SELECT ONE:

5K (Timed/\$5 Timing Tag) _____ 5K (Not Timed) _____ Fun Walk _____

First Name: _____ Las Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: _____

(Must include if entering 5k Run) Gender: M F Age: _____

T-shirt size (Circle One): Adult S M L XL XXL Youth S M L

Email Address: _____

(I agree to receive Grant a Gift Info)

Team Name: _____

Team Captain: _____

Team Captain Phone: _____

Email Address: _____

Healthcare _____ Corporate _____ School _____ Other _____

INDIVIDUALS:

Please mail by April 23rd to:
Grant a Gift Autism Foundation
8550 W Desert Inn Rd, Suite 102-343
Las Vegas, NV 89117

Early Entry Fees

(Non-transferable, Non-Refundable)

___ Team member (10 or more)	\$25.00
___ Individual Adult (18 and older)	\$30.00
___ Teens (11-17)	\$15.00
___ Children (10 and Under)	\$10.00
___ Timing Chip and Bib	\$5.00
Donation to fight Autism	\$ _____
Total Enclosed	\$ _____

Make Checks Payable to:
Grant a Gift Autism Foundation

Cash _____ Check _____ VISA/MC _____ AMEX _____

Card Number _____

Exp Date _____ Sec Code _____

Name on Card _____

Billing Address and Zip _____

√ _____
Signature

I have read and signed the following event waiver/release
(Please check here) _____ Please Include With This Form!



MANUAL REGISTRATION WAIVER/RELEASE

In order to complete my registration to participate in the Grant a Gift Autism Race/Walk (the Event) at Town Square Las Vegas, I hereby acknowledge and agree to the following:

- 1. I am an adult age 18 years or older registering myself as a participant in the Event and/or I am the parent/or legal guardian consenting on behalf of a minor under the age of 18 who wishes to participate in the Event and I have the legal authority to act on his/her behalf.**
- 2. I understand that participating in the Event may be a potentially hazardous activity and can result in injury. I am aware of and expressly assume full and complete responsibility for all inherent risk associated with participation in the Event, including, but not limited to, falls, contact with other participants and objects, effects of weather, traffic, and route conditions.**
- 3. In consideration for being permitted to participate in the Event, I hereby release the Sponsors and their respective officers, directors, employees, volunteers and agents and hold them harmless from and against all claims, damages and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of my participation in the Event.**
- 4. I understand that photograph, tapings and/or recordings of the Event may be made, and I hereby grant full permission to the Sponsors to use my name, voice and/or my picture in the results and proceeds of such photography, taping, and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, in any media (whether existing, known or hereafter created), all or any portion thereof.**
- 5. I understand that all donations processed are nonrefundable and nontransferable even if I don't participate in the Event, or if due to extreme weather conditions and/or natural disasters, the Event is cancelled.**
- 6. I understand that the Sponsors reserve the right, in their sole discretion, to refuse registration and/or participation to anyone at any time before or during the Event.**

I have read this release and I agree to its terms for myself, and my child

Signature: _____ Date: _____

(Parent or guardian signature is required if the participant is under 18)



**Autism 5K Race for Hope and Fun Walk
INDIVIDUAL PLEDGE FORMS**

Copy and pass out to each of your team members

Total each page individually and attach money to each page. Place money collected and form(s) in an envelope and do one of the following:

Mail to:

Grant a Gift Autism Foundation
8550 W Desert Inn, Suite 102-343
Las Vegas, NV 89117

Drop-off Monday – Wednesday 9am-1pm at:

Grant a Gift Autism Foundation
Autism Center of Southern NV
72 N. Pecos, Unit C
Henderson, NV 89074
(702) 564-2453

Race Participant Name: _____

Phone Number: _____ Email Address: _____

Donor Name/Email	Amount/Type
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____
9) _____	\$ _____
10) _____	\$ _____
11) _____	\$ _____
12) _____	\$ _____
13) _____	\$ _____
14) _____	\$ _____
15) _____	\$ _____
16) _____	\$ _____
17) _____	\$ _____
18) _____	\$ _____
19) _____	\$ _____
20) _____	\$ _____
	TOTAL \$