

# Grant a Gift Autism 5K Race for Hope and Funwalk April 28, 2012

## Team Manual Registration Form

(Online registration is preferred)

(Please remember that you must have 10 or more to qualify as an official team)

This form is to help you and our Registration Committee with record keeping. Please provide the following information for each team member registering (not for online). Keep a copy for your records and turn in a copy with your Team's entry forms. This form is to be used for paper entries only: **DO NOT INCLUDE ONLINE ENTRIES.** If all team members have registered online you do not need to complete or submit this form. Please contact us at 702-564-2453 if you have any questions. ***(You can also give the following Individual Pledge Form to each of your Team Members to help raise more funds. Make sure to log their totals in the far right column below)***

Team Name: \_\_\_\_\_ Team Captain Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Team Member Full Name/Email	Reg Form/ Waiver Signed	T-shirt Size	Total Amt Paid (include Reg and additional donations)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

**Adult T-shirt Totals**

Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

**Youth T-shirt Totals**

Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_

**Grand Total for This Page and All Pages**

Total Registration Fees: \$ \_\_\_\_\_

Total Donations Received: \$ \_\_\_\_\_

Total of All Money Collected: \$ \_\_\_\_\_

**Mail to:**

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

**Or**

**Drop-off April 19, 20, 23, 2012 (or call to schedule time):**

Grant a Gift Autism Foundation  
Autism Center of Southern NV  
72 N. Pecos, Unit C  
Henderson, NV 89074



### **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

Race Participant Name: \_\_\_\_\_

Team Name That I Belong To: \_\_\_\_\_

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) _____	\$ _____
<b>TOTAL \$ _____</b>	