

2010 RUN FOR AUTISM

ONE ENTRY FORM PER PERSON

PHOTOCOPY AS NECESSARY

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

<b>BIB #</b>   
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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX:  Male  Female AGE ON APRIL 18: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EVENT:  8K Run  5K Run/Walk

ADULT SHIRT SIZE: S  M  L  XL  XXL (Add \$1)

Make checks payable to Bridgeway House and mail to:

Run For Autism  
708 W. 10<sup>th</sup> Ave  
Eugene, OR 97402

Thru 4/17	\$15 (No shirt)
Day Of Race	\$20 (No shirt)
Tech Shirt (S-XL)	+\$10
Tech Shirt (XXL)	+\$11

ENTRY FEE TOTAL \$ \_\_\_\_\_

**MANDATORY WAIVER (Please read and sign below)** I know that a road race/walk or wheelchair event is a potentially hazardous activity. I should not enter and participate in this event unless I am medically able and properly trained and have sufficient stamina to safely and successfully complete this event without harm or injury to myself. In consideration of the acceptance of my entry, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against the Run For Autism race directors and designated race officials, the Bridgeway House, Eclectic Edge Events, LLC, City Of Eugene, City Of Eugene Parks & Open Space, and all other participating sponsors, agents and employees of such parties for all claims of damages, demands, actions, whatsoever in any manner arising from my participation in this event. I grant permission to all of the foregoing the use of any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Entry fees are non-refundable and non-transferable.