

Registration Section:

***Team Captains:** mail this form to Autism Society of Berks,
P.O. Box 6683, Wyomissing, PA 19610 or email the information to
info@autismsocietyofberks.org by **8/20/11**.

***Individual Walkers and Team Members:** Bring this completed
form the day of the event. Do NOT mail it ahead of time unless you
are a team captain registering your team.

1

.....
Name

.....
Address

.....
Phone Number

.....
E-mail address

2 I am participating individually on a team I am team captain.*

*Team captains must pre-register team name by August 20, 2011 to qualify for prizes.

Name of Team:

.....
Individual walking in honor of or Company/Group name:

3 I am interested in forming a Walk Team, please send me information.

I am interested in volunteering, please call me at _____.

I am unable to participate. Enclosed is my donation of \$ _____.

4 Waiver Release - Adult (Required)

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Ninth Annual Help Solve the Puzzle: Walk for Autism Awareness. (2) In consideration of my application to participate in the Walk for Autism Awareness being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I hereby grant the Autism Society of Berks County, PA specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Ninth Annual Walk for Autism Awareness, for use by the Autism Society of Berks County, PA.

.....
Participant's Signature

.....
Printed Name:

.....
Date

5 Waiver Release - Minor

If Participant is a minor, parent or guardian must sign below. I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and hereby agree on behalf of Participant and myself to its terms.

.....
Parent/Guardian Signature

.....
Printed Name

.....
Date