



Sunday, September 9, 2018
 Henry Maier Festival Grounds
 Gates open at 8:30 a.m. Run/Walk begins at 10:30 a.m.
Stay for Indian Summer Festival following the event!

Return Completed Form With Payment To:
Autism Society SE WI
3720 N 124th Street, Suite O
Wauwatosa, WI 53222

REGISTRATION FORM
 (Please Print Clearly)

First Name _____ Last Name _____ Email _____

Street Address _____ City/State/Zip _____

(_____) _____ **Gender** (circle one) MALE FEMALE **Participation** (circle one) **WALK RUN** ____/____/____
 Phone Birthdate mm/dd/yyyy

SHIRT SIZE CODES (please use the codes below for ordering your shirt)

Child/Youth Medium = **YMed** Adult Small = **Sm** Adult Medium = **Med**
 Adult Large = **Lg** Adult XLarge = **XL**
 *Adult XXL = **2XL** *Adult XXXL = **3XL**
 *(additional \$3 charge for 2XL or 3XL shirt)

RELEASE WAIVER - REQUIRED

In consideration of my being allowed to participate in this event, and intending to be legally bound, I hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights, claims, and causes of action against the organizers, sponsors, and any others connected to Dylan's Run For Autism, their representatives and successors, for any injury, loss or damages I may sustain as a result of my involvement with the event. If I am signing on behalf of a minor, I represent that I have the authority to grant this waiver and release. If I am signing for others I am registering, I represent that I have their permission to agree on their behalf. I represent that I am medically able to participate and I assume all risks of participating in this event. I will permit any emergency treatment in the event of injury or illness while participating in the event. Dylan's Run/Walk For Autism reserves the right to dismiss anyone that may cause any disturbance. Further, I hereby grant full permission to any and all of the foregoing organizers and sponsors to use any photographs, videotapes, motion pictures, recordings or any other record of this event which I may have taken and shared on social media, or provided to the organization, or which may include my name, voice or likeness for any legitimate purpose, including advertising. I understand that I will receive no compensation from any such publicity.

SIGN HERE TO AGREE TO WAIVER _____ **DATE** _____

FEES (please check for each fee included)

____ Adult Registration (runner or walker) ----- \$ 30.00

____ Child Registration - age 5-17 (runner or walker) -- \$ 15.00

____ Extended-size shirt fee (if applicable)----- \$ 3.00

____ Include an annual membership in Autism Society
 of Southeastern Wisconsin? ----- \$ 40.00

____ Optional donation (specify amount) ----- \$ _____

\$ _____ **TOTAL CHARGES**

PAYMENT

____ Check enclosed (payable to ASSEW)

____ Credit Card

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Exp ____/____ CVV _____

Name on card (print) _____

Signature _____