

**2011 Rally for Autism
Mail-in Registration**

Name: _____

Team Name: _____

e-mail: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Race Day Age: _____

Sex: M F

Participating in: 5K Run 5K Walk

T-shirt size S M L XL XXL

Fee \$20 (to 4/15/11) \$25 (to 8/1/11) \$30 (after 8/1/11)

CARA Members Discount # _____ \$-2.50

Additional t-shirts # _____ @ \$10.00 each _____

Personal Donation—Thank you! _____

Pledge Collector over \$100 – 5K fee waived! _____

TOTAL: _____

Please make checks payable to:

Autism Society - Northeast Illinois Chapter.

Mail registration form to: Eric L. Smith
707 Crossland Drive
Grayslake, IL 60030

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against The Event, its Primary Sponsor and its affiliates, their agents, employees, officers, directors, successors and assigns, the County, the City, the Event Management Company, Inc., the Forest Preserve District, Chicago Area Runners Association, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in The Event and any pre and post event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent /Guardian signature if under 18 years of age)

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