

# 4<sup>th</sup> Annual Run for Autism

5K and 1 Mile Fun Run/Walk



Saturday- November 4<sup>th</sup>, 2017  
Wawasee High School, Syracuse, IN

Start Times: 5K - 9:00 AM 1 Mile - 9:30 AM

5K- \$20 Pre-Registered/ \$25 Day of Race  
1 Mile -\$15 Pre-Registered/ \$20 Day of Race

5K awards to the overall winner plus top 2 each age group both male and female.

Age Groups: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+  
Chip timing by Watt's My Time

How to Enter: To Pre-Register, entry must be received with payment by October 29, 2017

Online registration also available at: <https://runsignup.com/Race/IN/Syracuse/RunforAutism5Kand1MileEvent>

T-shirts guaranteed for preregistered entrants

Day of Race registration 5K 8:00AM – 8:45AM / 1 Mile 8:00AM – 9:15AM

Questions to [laan2011@yahoo.com](mailto:laan2011@yahoo.com)

Checks Payable To: **Bowen Center** Write: **LAAN 5K on the memo line**

Mail Entry To: **Karen Carolus 4614 E 450 N Leesburg, IN 46538** by 10/29/2017

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX M F

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

T-SHIRT Circle: YS YM YL AS AM AL AXL AXXL EMAIL ADDRESS \_\_\_\_\_

Circle: 5K Run/Walk 1Mile Fun Run/Walk

WAIVER: By completing this registration form, I, for myself and dependents if participating, do hereby waive and release all rights and claims I may have against any sponsors or facilities used for the race (including Wawasee Community Schools) for loss, damages or injuries I may suffer from my participation in this event. For my safety, I understand that bikes, skates, or skateboards are not allowed on either the cross country track or regular track. I attest and verify that I have full knowledge of the risks involved in this event and am able to safely participate. I permit my photograph or the photograph of my participating dependents involved in either the 5K or 1 mile to be used for any legitimate purpose. Signature of parent required for runner/walker under 18.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Family Members: Please include a Signed Registration Form for each Participant.