



**10K Trail Race &
5K Run/Walk are
CHIP TIMED!
* Fun-K for Kids ***

**Sunday, April 6, 2014
@ CSU Channel Islands
One University Dr.
Camarillo, CA 93012
Charity Race to Benefit
the Autism Society VC**



OFFLINE REGISTRATION FORM

OR Register Online with a credit card at www.Aut2Run.org

Please complete the following information to register for the event. Make a copy to bring with you as proof of registration, and mail this form with check made out to ASVC. **Mail by 3/28/14 to: PO Box 1558, Camarillo, CA 93011**
Call (805) 496-1632 with questions. **One Form is Required for Each Participant.**

Participant's First Name: _____ **Last Name:** _____

Date of Birth (mm/dd/yy): _____ **Age at Race:** _____ **Phone: ()** _____

Email Address: _____ **Male**__ **Female** __

Mailing Address: _____
Street City State Zip

Emergency Contact/Relationship/Phone: _____

Event Choice (please check): *(All dates below are by the official USPS postmark date)*

X	EVENT DESCRIPTION	START TIME	EARLY BIRD BY 12/31/13	BY 3/15/14	BY 3/28/14
	10K Trail Race (75min max time limit)	7:30am	\$35	\$40	\$45
	5K Run/Walk	9:00am	\$25	\$30	\$35
	15K Hero Run (Both events)	7:30am then 9:00am	\$45	\$50	\$55
	Fun-K This event is for children under age 12 and for adults with special needs and their caregivers	10:00am	\$20	\$20	\$25
	EVENT VOLUNTEER (Age 12+, or with parent)	Varies 6am-2pm (4 hour min. shift)	FREE	FREE	FREE

Finisher medals will be given to all race finishers. Go to www.Aut2Run.org for more info.

T-Shirt Size: __Youth Sm __Youth Med __Youth Lg __Adult Sm
__Adult Med __Adult Lg __Adult XL __Adult 2XL (Volunteer shirts are all adult sizes)

*All registered participants will receive a free t-shirt and those who cross the finish line will receive a custom race medal!
As this is a fundraising event, creating teams and soliciting donations for ASVC is encouraged. Thank you!*

MUST COMPLETE PAGE 2 ON OTHER SIDE

Participant's First Name: _____ **Last Name:** _____

How did you first hear about our race? _____

What is the main reason you are participating? (please check one)

☐ Supporting local autism charity ☐ Avid Runner ☐ I want to volunteer
☐ Supporting a friend or family member ☐ I like Trail Racing ☐ I like the medal or t-shirt
☐ Want to learn more about Autism ☐ Other: _____

Confidential Participant Analysis (please check one):

☐ I am a parent of a child/adult with Autism ☐ Service Provider
☐ Person on the Autism Spectrum ☐ Concerned Community Member
☐ Sibling of someone with Autism ☐ Educator
☐ Family Friend ☐ CSU Channel Islands Student
☐ Other Relative ☐ Runner with no connection to Autism

If you are volunteering and need written credit for your service, please include the name of your school or group, contact person and phone #: _____

Running/Fundraising Teams (leave blank if running alone and not fundraising):

I would like to ☐ create or ☐ join a team called: _____

My fundraising goal is: \$_____ Thank you!

Event Waiver *Please Note - A separate University waiver will be required for all race participants to sign at packet pickup.

In consideration of you accepting this entry, I, the participant, intending to be legally bound, hereby waive or release any and all rights and claims for damages or injuries that I may have against The Autism Society Ventura County, Autism Society of America, California State University Channel Islands, the Event Timer, the Event Director, the barricade company, the event volunteers, RunSignUp.com, and all of their agents assisting with the event, sponsors, and their representatives and employees for any and all injuries or death to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, and/or assignees. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed doctor within the last twelve months. By submitting this entry, I (or a parent or adult guardian for all participants under 18 years, or those who are conserved adults) acknowledge having read and agreed to the above waiver.

Participant Signature

Date

Parent Signature (if under age 18 today)

Date



IMPORTANT REMINDERS:

Bib Pickup - Packet pickup will be held Saturday, April 5, 2014. Please check our website www.Aut2Run.org or call us for exact location and times. We highly encourage everyone to pick up on Saturday to avoid long lines at the event. Race packets may be picked up the morning of the event starting at 6:30am, if not picked up on Saturday.

Parking - Please use the University Drive entrance and arrive early to find parking ONLY in designated lots for the race.

Weather & Transfers: Event will take place rain or shine. No refunds or bib transfers. Event director and C.I. reserve the right to alter posted routes for safety considerations due to rain.

COPY THIS FORM FOR YOUR REFERENCE BEFORE MAILING WITH PAYMENT TO THE RACE!