

5k Run/Walk for Autism Awareness



When: Sunday April 28th, 2024

Where: Poor Farmer's RV Sales, Service & Campground Inc.

7211 N Lostcreek-Shelby Rd Fletcher, Ohio 45326

Time: 2:00 PM Start Time

Course: Out and back course starting at office of Poor Farmer's RV and north on Lostcreek-Shelby to bike path.

Registration: \$40.00 (with t-shirt) Before April 15th, 2024
\$40.00 After April 10th, 2023 (Not guaranteed shirt)
\$30.00 (Day of with no shirt)

Register online at www.cantstoprunningco.com or at Poor Farmer's RV

Awards: Top male and female in various age groups.

Packet Pick Up: Saturday, April 27th from 8:00AM - 5:00PM @ Poor Farmer's RV or day of race.

Full Name: _____

Gender: Male/Female (circle one) **Age:** (on event day) _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Running/walking in honor of: _____, **who is Autistic.**

Shirt Size: (circle one) Adult S M L XL 2XL (+\$2.00) 3XL (+\$2.00) Youth S M L

Event Disclaimer: By Adding your signature, you accept this waiver and disclaimer. Waiver and release: By participating in the Event, I do so at my own risk, I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft or personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge the organizers of this event, its principles, its officers and directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it's a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation. Under 18 participants must have parent or guardian signature.

I AGREE Sign here: _____

Date: _____



AUTISM
awareness

