

# ASM's 5k for Autism Acceptance



Saturday, April 29<sup>th</sup>, 2017



**Location:** Hawk Island Park, 1601 E. Cavanagh, Lansing, MI 48910

**Race Start Time:** 9:00 a.m.

**Registration & Pre-Registration:** 8:00 a.m.

**Awards:** Medals will be presented to the top three finishers in each age and gender group

**Age Groups:** 12 & under, 13-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

**Entry Fee:** \$20-Adult \$10-Anyone on the ASD Spectrum  
\$10-Children 6-12 \$10-Student  
Children 5 and under Free

**Race Day Fee:** \$25

**Register online at:** <https://runsignup.com/Race/MI/Lansing/ASM5kforAutismAcceptance>

**Mail to:** The Autism Society of Michigan, 2178 Commons Parkway, Okemos, MI 48864

**Call:** 517-882-2800 **Email:** [asminr@autism-mi.org](mailto:asminr@autism-mi.org)

**\*\*To Guarantee a Tshirt, please register by March 31st, 2017**

**Information:** The 5k will be professionally **chip timed** by Michigan Running Foundation, Inc. and results will be posted on Playmakers website. Packets may be picked up day of race.

**Proceeds will go to The Autism Society of Michigan**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Home Phone**

**Gender:** (Circle one) **M** **F**

**Age on Race Day:** \_\_\_\_\_

**Shirt Size:** (Circle one) **Adult:** **S** **M** **L** **XL** **Youth:** **S** **M** **L**

**Entry Fee:** \$20-Adult \$10-Anyone on the ASD Spectrum  
\$10-Children 6-12 \$10-Student  
Children 5 and under Free

**Race Day Fee:** \$25

Waiver: By submitting this entry form, I hereby, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release all my rights, claims and courses of action I have or may have against this event, its Primary Sponsor (ASM) and its affiliates, their agents, employees, officers, directors, successors and assigns, the County, the City, Hawk Island Park, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this event, and any pre- and post-event activities. I attest and verify that I am physically fit, have been medically cleared to participate, and have sufficiently trained for the completion of this event. I give myself full permission to the Autism Society of Michigan to use any photographs, videotapes, or other recordings for any legitimate purpose including commercial advertising.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature if under 18

\_\_\_\_\_  
Date Signed