

4th Annual Autism Awareness 5K Run and Fun Walk
presented by ACES3

Official Registration Form

First Name	Last Name
Mailing address	City State ZIP
Phone	School District (if applicable)
Email Address	Age on day of race
Check one—Male _____ Female _____	

Check one---Shirt Size (sizes are not guaranteed) Youth—Small _____ Medium _____ Large _____ Adult---Small _____ Medium _____ Large _____ X-Large _____ 2X _____ 3X _____

Check Event(s) 5K Run and 2Mile Run _____ (\$10.00 pre-registered) (\$12.00 day of event) 2 Mile Walk Only _____ (\$10.00 pre-registered) (\$12.00 day of event) 5K Run Only _____ (\$10.00 pre-registered) (\$12.00 day of event)

Age Divisions: The following male and female age division will be offered at the 5K Run: under 18, 18-29, 30-39, 40-49, 50 and older. 5K Run awards to top 3 finishers in each age division.

Event is scheduled for Saturday, April 17--Sharyland High School Rattler Stadium located at 1106 N. Shary Road in Mission Texas. 5K run begins at the stadium at 8:00am followed by 2 mile walk at approximately 9:30am.

Waiver Statement

I, the person submitting this entry (and my child, if I'm signing as parent or guardian) agree to abide by the rules and decisions of any event officials, and assume all risks associated with the event and any activities associated with the event including but not limited to falls, contact with other participants, effects of the weather, traffic, road conditions, all such risks being known and appreciated. I (and my child, if I'm signing as parent or guardian), and anyone entitled to act on my behalf assume all risks associated with participation and waive any and all claims and fully release ACES3, its members, the City of Mission, the Sharyland School District, 5K run/2mile walk organizers, and all race day volunteers of the event.

I grant full permission to any and all of the foregoing to use my (and my child's) name or photographs, videos and other recordings of participation in the event without obligation or liability to me (or my child). I also understand that entry fees are not refundable. I have read this agreement carefully and understand it, and certify my agreement by signing below:

Participant Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____

Please mail registration form to ACES3 P.O. Box 3065, McAllen Texas 78502 or drop off at either of the following locations: Building Blocks Rehab at 5013 South McColl Edinburg

or
MindWorks Rehab at 6316 N 10th street McAllen Texas

For office use only

Bib# _____ Amt paid _____ Cash /Credit-Debit Card /Check # _____
 Received by _____ Date entered _____