# REGISTRATION FORM
# ONE FORM PER PERSON
# PLEASE PHOTOCOPY AS NEEDED

H.A.N.D.S. For Autism

# 4th ANNUAL PUZZLE PIECE 5K RUN/WALK

April 16, 2016 9:00AM Mauston High School Track

Registration is from 8am –8:50am

Please fill out a separate form for each family member

_____ ☐ ☐

First Name (Please Print) Last Name Age Male Female

_____

Address City State Zip

(____)_____-_____(____)_____-_____

Phone Number Cell Number Email Address

Shirts are provided to all pre-registered participants. Those registering late or on site are not guaranteed a shirt or correct size. Thank You.

**T-Shirt Size:**

_____Adult Small _____Child Small
_____Adult Medium _____Child Medium
_____Adult Large _____Child Large
_____Adult Extra Large _____Child Extra Large
_____Adult 2XL Large (Add $3 for 2xl)

Registration:

_____Individual Pre-Registration $15.00 (until 4/3/2016)

_____Late or On-site Registration $20.00

_____Check enclosed ~ make payable to:
H.A.N.D.S. For Autism

Mail To: Julie Bolton
315 Loomis Drive
Mauston, WI 53948

If you have questions, please call 608-847-5343 or 608-495-3483 or email Julie at juliebolton71@yahoo.com

## WAIVER AND RELEASE STATEMENT

All participants must read and sign

I agree that by participating in the Puzzle Piece 5K Run/Walk, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that may result including but not limited to , falls, effects of weather conditions, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or legally bound, for myself, heirs, next of kin, executors and administrators, and voluntarily assume all risks of accidents or injury and release and forever discharge, indemnify and hold harmless the H.A.N.D.S. for Autism, its officers, employees, members, representatives, agents, volunteers, and/or sponsors ("Released Parties") from any and all liability for personal injury or property damage of any kind sustained during the Puzzle Piece 5K Run/Walk weather such personal injury or property damage is caused directly or indirectly y the Released Parties. I have full knowledge of the risks involved and attest that I am physically fit and sufficiently trained to participate in the 5K Run/Walk

_____

Signature of Participant Date

_____

Signature of Parent or Guardian if entrant is age 17 or under