



BREVARD AUTISM COALITION 5K RUN/WALK FOR AUTISM AWARENESS

SATURDAY, FEBRUARY 25, 2012
MELBOURNE, FL
8:00 AM

Location

NEW and EXCITING **ELECTRONICALLY** timed
Race course to be held at FIT, The Scott Center,
150 W. University Blvd., Melbourne, FL
For more information, please contact
Child & Family Consultants (321)768-6800

Date and Time

Saturday, February 25, 2012
5K Run/Walk 8:00 am
Kids Fun Run 9:15 am
Awards immediately following all races

Registration

Mail complete entry form to:
Child and Family Consultants
1800 Penn St., Ste. 12
Melbourne, FL 32901

Fees

Entry fees are nonrefundable
\$20 if Postmarked by 2/17/2012
\$25 late registration or race day registration
Kid's Run is **FREE!**

Make check payable to:
Brevard-PALS Autism Coalition

Packet Pick-up

Pick up at Running Zone on Friday,
2/24/2012, between 10am-6:30pm
Across from Brevard Community College
on Wickham Road.
On Race day from 6:45-7:45 am

T-shirts

All entrants will receive an awesome race
T-shirt. Shirts and sizes are not guaranteed
for late registration.

Awards

Top male and female overall and top in each
age division will receive awards!

Restrictions

For safety reasons, earphones and animals
will be prohibited on the race course.

Proceeds

All proceeds will be benefiting families
affected by Autism in Brevard County!

Refreshments available for all participants

**Run for Autism is a rain or shine event,
No refunds will be issued**

5K Run/Walk For Autism Registration Form

Last Name _____ First Name _____
Age on Race Day _____ Date of Birth ____/____/____ Gender: M F T-Shirt Size: S M L XL
Address _____ City _____
State _____ Zip _____ Phone number _____
Email Address _____

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with any entry or participation in the "Run for Autism 5K" event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

Signature _____ Signature of Parent or Guardian if under 18 _____

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