

# **AUTISM SOCIETY**

*Improving the Lives of All Affected by Autism*

## Bayou

**11<sup>th</sup> Annual Autism Awareness 5k/Family Fun Day  
Saturday, March 16 2019**

Morgan City Jr High – 911 Marguerite Street, Morgan City, LA 70380

Onsite Registration Opens at 7:30AM • Race Starts at 8:30AM

(Online Registration available at <https://www.eventbrite.com/e/autism-awareness-5kfamily-fun-day-tickets-54830221669> )

Pre-Registration Deadline – March 1, 2019

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Add to our Email List?  Yes  No

Name of Team: \_\_\_\_\_

Registration Fees (Children 4 and under are free!)

\$10 – Student  \$20– Pre-Registration (before March 1, 2019) **\*\*add \$2 to cost**

Donation – I cannot attend this year's Autism Awareness Event, please accept my donation noted below.

T-Shirt sizes: Youth T-Shirt Sizes:  Small  Medium  Large

Adult T-Shirt Sizes:  Small  Medium  Large  XL  2XL\*\*  3XL\*\*

Please accept my additional donation:  \$10  \$20  \$50  \$100  Other Amount \_\_\_\_\_

Pre-Registration MUST BE RECEIVED BY March 1, 2017!

**PLEASE MAKE ALL CHECKS PAYABLE TO:**

Autism Society Bayou

PO Box 551, Amelia, LA 70340

For more information: [www.bayouautism.org](http://www.bayouautism.org) or [bayouautism@yahoo.com](mailto:bayouautism@yahoo.com)

***Waiver:*** By registering for this event and in consideration of me or my minor child(ren) being permitted to participate in all Autism Awareness activities, I hereby for myself, my heirs and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Autism Society Bayou (ASB), their officers, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child(ren) as a result of taking part in the Autism Awareness event and any related activities. I also authorize and release ASB to use any photo, film, or videotape taken of me or my minor child(ren) at the event for any purpose and by signing, authorize such use and acknowledge ASB's ownership of same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS REGISTRATION FORM IS NOT VALID UNLESS SIGNED BY ALL ADULTS REGISTRATING!  
NO REFUNDS! EVENT WILL BE HELD RAIN OR SHINE!**