



Run
Walk
Play

Registration Form

Sunday, October 15, 2017
Eden Autism 2 Merwick Road, Princeton
edenautism5k.org



NAME _____

TEAM/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

T-SHIRT SIZE (YS, YM, YL, S, M, L, XL, 2XL, 3XL) _____ M/F _____

USATF# _____ DATE OF BIRTH _____

CREDIT CARD # _____ EXP _____ CVV _____

SIGNATURE _____

REGISTRATION TYPE

- 5K ADULT (\$25) \$ _____
- 5K YOUTH (\$20) \$ _____
- FUN RUN/WALK (\$20) \$ _____
- DONATION \$ _____
- TOTAL (Please indicate total amount) \$ _____



Please make checks payable to "Eden Autism"

Return this completed form to jennifer.dacunha@edenautism.org or by mail:
Jennifer DaCunha, Eden Autism, 2 Merwick Road Princeton, NJ 08540

For questions, please contact Jennifer at 609-987-0099 x3512

WAIVER ON BACK MUST BE SIGNED

WAIVER AND RELEASE *(Must be signed to participate)*

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event and I hereby release and hold harmless Eden Autism Services, Eden Autism Services Foundation, Munich RE, Linque Management Company, Inc., IVC PFV, LLC, Princeton Forrestal Village, LLC, Princeton Forrestal Center, Trustees of Princeton University, Plainsboro Township, South Brunswick Township, USATF and local USATF Association, corporate sponsors, and all other persons or entities associated with this event (including their employees or affiliates) from any claims I may have arising out of participation in this event, including personal injury or damage suffered by me or others, whether same be caused by negligence of any of the said parties' agents or employees, or otherwise. If I do not follow all the rules of this event I understand that I may be removed from the competition. I give my full permission to any of the said parties to use any photographs, videotapes or other recordings of me that are made during the course of this event.

Participant's Signature (If Participant is under age 18, Parent/Guardian's signature)

Date