



Registration Form

Sunday, October 4, 2026

NAME _____

TEAM/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

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

DATE OF BIRTH _____ GENDER _____

CREDIT CARD # _____ EXP _____ CVV _____

SIGNATURE _____

How did you hear about the Eden 5K? _____

Have you previously participated in the Eden 5K & Fun Run/Walk? _____

REGISTRATION TYPE:

IN-PERSON 5K ADULT (\$40) \$ _____

IN-PERSON 5K YOUTH (\$35) \$ _____

IN-PERSON USATF (\$35) \$ _____

IN-PERSON FUN RUN/WALK - ADULT (\$40) \$ _____

IN-PERSON FUN RUN/WALK - YOUTH (\$35) \$ _____

VIRTUAL RUNNER/WALKER - ADULT (\$40) \$ _____

VIRTUAL RUNNER/WALKER - YOUTH (\$35) \$ _____

DONATION \$ _____

TOTAL (Please indicate total amount) \$ _____



Please make checks payable to "Eden Autism"

Return this completed form to samantha.guerriero@edenautism.org or by mail:
Samantha Guerriero, Eden Autism, 2 Merwick Road Princeton, NJ 08540

edenautism5k.org

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

1. Recognition and Assumption of Risks

- a. 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 ("Participant") in this event and in good physical condition. I, for myself and anyone entitled to act on my behalf, 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. I assume all risks to me associated with running on my own as part of this activity, including but not limited to: falls, contact with other pedestrians, the effects of the weather, including but not limited to high heat and/or humidity, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.
- b. I understand that any interaction with the general public poses an elevated risk of being exposed to COVID-19 and Eden Autism Services and Eden Autism Services Foundation, Inc. cannot guarantee that I will not be exposed while training for or in attendance at the 2026 Eden Autism 5K & Fun Run/Walk. By attending this or any in-person Eden Autism events, I voluntarily assume all risks related to exposure to COVID-19. Eden Autism Services and Eden Autism Services Foundation, Inc. is not responsible for my health and/or the safety of this event or any events in affiliation of this event, and I understand I should follow the laws and safety policies of my local and state government as well as the Centers for Disease Control (CDC).

2. Release and Indemnification

- a. In exchange for being allowed to register for and to participate in this event, I hereby agree to indemnify, defend, release, forever discharge and hold harmless Eden Autism Services, Eden Autism Services Foundation, Inc., 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, any corporate sponsors, and all other persons or entities associated with this event (including their employees or affiliates) from any liability, actions, causes of action, losses, suits, claims, demands and/or attorney's fees of any nature whatsoever which I may have arising out of my participation in this event or related activities. This includes, but is not limited to, personal injury or damage suffered by me or others, whether the same be caused by the negligence of any of the said parties' agents or employees, or otherwise. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.
 - b. In consideration for any child being permitted to participate in this event, the undersigned acknowledges and agrees that as the natural parent and/or as the legally authorized guardian and/or supervisor acting in loco parentis, do hereby for myself acting on behalf of the child agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend the above listed entities, agents, and persons mention hereinabove, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by the child or me arising out of or in any way associated with the child's participation in the given event, travel incident thereto, whether by negligence or not to the fullest extent permitted by law. The risk of serious injury to the child from these activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that the child's participation in these activities is solely at our own risk and I assume full responsibility for myself and on behalf of the child.
3. **Publicity.** I grant permission to all of the foregoing to use any photographs, videotapes or other recordings of me that are made during the course of this event or my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose.
 4. **No Compensation/Refunds.** I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I acknowledge and consent to not being entitled to a refund if the event is canceled before or during the event.
 5. **Injury or illness.** I know that running in an event that is organized as an in-person, and virtual activity where I may run at the event on October 4 or on my own, at a date and time of my choosing, in a location and running route of my choosing, which will not have any support or security measures in place by Eden Autism Services is a potentially hazardous activity, which could result in injury or death. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID. I attest that if my community has a shelter in place order, that I will only participate in the virtual event by using a personal treadmill, and I will not run outside in the community during the duration of a shelter in place order.
 6. **Compliance with Laws.** I agree to follow all pedestrian safety ordinances including running on a sidewalk where available and not in the road. I agree to follow the rules of the road if no sidewalk or multi-use trail is available and I will run against oncoming traffic and not with traffic.
 7. **Abide by Rules.** I attest that I have read the rules of the in-person race scheduled for October 4, and virtual race scheduled for October 4, 2026, including the terms in this waiver, the timeline of the event, and agree to abide by them.

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

Date