

Walk for Autism 2010

Registration Form (One per person)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact name & phone: _____

Pledge Goal: \$ _____ Shirt Size: M L XL XXL

Are you walking as part of a team? Yes No Team Name: _____

**** Walk for Autism 2010 Release and Indemnification****

The Walk for Autism 2010 involves walking - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the trail. In consideration of being allowed to participate in this event, I hereby expressly assume all risks (for myself and my child(ren)), including personal injury and death, arising in any way out of my participation in Walk for Autism 2010 and related activities.

It is my responsibility to dress myself and child(ren) appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety as well as my child(ren). I represent and warrant that I and my child(ren) are physically fit and able to participate in this event and I agree to stop and request assistance if I or my child(ren) experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the North Dakota Autism Center, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my and my child(ren) participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Signature

Date

Please bring registration form to: the Walk for Autism 2010 event or register online

Questions or Comments? Contact us at: 701.277.88.44 or at info@ndautismcenter.org