

**When:** Saturday, April 24, 2010  
**Where:** Bridge Valley Elementary School  
**Time:** 7:30AM Registration  
 9:30AM 1 Mile Fun Run  
 10:15AM 5K Run  
**Cost:** \$25.00 - 5K (Pre-registration)  
 \$30.00 - Race Day Registration  
 \$5.00 - 1 Mile Fun Run



**RACE FOR AUTISM**

**Last Name:**

<b>First Name:</b>	<b>Age:</b> <i>As of 6/5/2010</i>	<b>Male or Female:</b>	<b>Shirt Size:</b> <i>Youth – Med Adult – M, L, XL</i>	<b>Event:</b> <i>5k - \$25.00 1 mile - \$5.00</i>

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
 \_\_\_\_\_ **Email** \_\_\_\_\_

**Additional Donation:** \_\_\_\_\_ **Thank you ☺**

**Total Amount Due:** \_\_\_\_\_

Make checks payable to: BCASC

Send registration form and check to:

BV Race for Autism

Attn: Registration

2280 Sugar Bottom Road

Furlong, PA 18925

**Questions:** Steve Cashman or Jenn Summers – [racedirector@bvraceforautism.com](mailto:racedirector@bvraceforautism.com)

**To sign up for all Bucks 5K Series races – please visit** <http://www.bucks5kseries.com>

**WAIVER:** I know that walking or running a race is a potentially hazardous activity. I should not enter and walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperature or wind chill, traffic and conditions of the course. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators, waive any and all claims I may have for damages against the state of Pennsylvania, Doylestown Township, Warwick Township, Pulte Homes L.T. and/or any individuals associated with the organization of this event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event including pre and post race activities. I hereby grant permission to the organizers of the Bridge Valley Trail Blazer race for Autism and their authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event. There will be a \$20 fee for all return checks. Sorry no refunds.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_