

Saturday, October 24, 2015



at the Monroe County YMCA

# 4<sup>th</sup> Annual Walk for Autism Registration Form

Pre-registration fee: \$20    Event Day Fee: \$25

Registration begins at 8:00 a.m.    Walk begins at 9:00 a.m.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

T-shirt Size:    Adult: S    M    L    XL    XXL    Youth: S    M    L

Entry Fee Enclosed: \$ \_\_\_\_\_ Please check one:    cash: \_\_\_\_\_ Check # \_\_\_\_\_

I am unable to participate but would like to make a donation of \$ \_\_\_\_\_

MAIL REGISTRATION FORM AND ENTRY FEE TO:    Andrew Lambert  
2668 S. Adams St., #10  
Bloomington, Indiana 47403

**Waiver:** I, the undersigned, agree to indemnify and hold harmless the Monroe County Autism Foundation and the Monroe County YMCA from all cost, expense and liability arising out of my or my child's participation in this event to benefit the MCAF. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by an act or a failure to act, by the MCAF and/or Monroe County YMCA board members, volunteers, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photos, videos, film or any record of this event in which I may appear for any legitimate purpose.

Signature: \_\_\_\_\_ (if under 18, parent or guardian must sign)

For more information, visit our website at [www.monroecountyautism.org](http://www.monroecountyautism.org)