

Athlete's Release

PLEASE READ. TO PARTICIPATE YOU MUST SIGN
AND DATE THIS FORM.

I know that running and volunteering to work in a race are potentially hazardous activities. I should not enter and run or walk in the Breakthrough Run for Autism 5K 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 run. I assume all risks associated with running and/or volunteering to work in the aforementioned race, including but not limited to falls, contact with other participants, the effects of weather, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing all these facts, and in consideration of your acceptance of my application, I for myself, and anyone entitled to act on my behalf, waive and release Breakthrough of any and all members thereof, vendors, and all further sponsors, their representative, successors, for all claims or liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence of carelessness on the part of the person named in this waiver. I also grant permission to all the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I agree to the Athlete's Release

Athlete's Signature

Parent's Signature if under 18

Date_____

Fill out form completely and mail with entry fee

to: Breakthrough

1805 Maryville Pike, Knoxville, TN 37920

4th Annual
Breakthrough Run for Autism
April 17, 2010
8:00 a.m.

Presented by



BREAKTHROUGH
improving the lives of adults with autism

Official 2010 Breakthrough Run for Autism 5k Run/Walk Entry Form

Race Number _____ Office Use Only

Name: Last _____

First _____

Sex: (circle one) M F

Birth date: / /

Address: _____

City: _____

State: _____ Zip _____

Phone #: () _____

Email: _____

Age (as of 4/17/10) _____

In case of emergency, notify:

Phone: _____

5k _____ 1 mile _____

T-Shirt Size: youth M adult S M L XL XXL

Donate the cost of my shirt: No shirt option _____

Breakthrough Buddy _____

Volunteer assistance needed? _____

Spring Fling Registrations: (Y/N) _____

Breakthrough Run for Autism: _____

Pre-Registration Fee: _____ \$20.00

K-12 Students: _____ \$15.00

Sleeping but supporting: _____ \$25.00

(Shirt will be mailed)

Additional tax-free donation: _____

Total: _____

Team Participants:

Team Name _____

Team Captain(s) _____

**Please make checks payable to
Breakthrough
Sorry, no refunds. **

5k Run and 1 Mile Walk
Race 2 of Spring Fling Series
Run for the Schools 4/10/10
Run for the Deaf 5/1/10

www.breakthroughknoxville.com
(865)405-3652