

BLUEGRASS AUTISM WALK 2017 REGISTRATION

- Sunday September 10, 2017~ Whitaker Bank Ballpark, 207 Legends Lane, Lexington KY -
Registration and Vendor/Agency Fair begin at 2pm.; 2K Walk starts at 3:15pm.

Use this form to register by mail and pay by check; to register on-line and create a fundraising page,

<http://asbg.ezeventsolutions.com/walk>

Name _____

TEAM NAME (optional) _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone () _____

Name of Adult Team Members (include yourself) **T-shirt size***

_____	_____
_____	_____
_____	_____
_____	_____

Name of Child Team Members **T-shirt size***

_____	_____
_____	_____
_____	_____

* T-shirt sizes: Adults - S, M, L, XL, 2X, 3X; Children - YS, YM, and YL

***** Use the back of this form to register more team members! *****

Number of adults registering _____ X \$20 = _____. (Will be \$25 on-site)

Number of children registering _____ X \$10 = _____. (Will be \$15 on-site)

Total amount enclosed: _____ Please make check payable to ASBG.

***** **PLEASE SPREAD THE WORD!** *****

Please send form and payment to: ASBG
C/o Alicia Collins
303 Terra Bianca Drive
Nicholasville, KY 40356

If you have questions about registration, contact Alicia Collins (greatexpectationsky@gmail.com, or 859-539-7137)

PLEASE SIGN AND DATE PAGE 2 >>>>

The undersigned participant recognizes that he/she is voluntarily participating in the BLUEGRASS AUTISM WALK, sponsored and organized by the Autism Society of the Bluegrass. In so doing and by signing below and having read this release, the undersigned participant, on behalf of himself/herself, his/her heirs, legal representatives, agents, successors, and assigns, hereby assumes all risk associated with participating in the BLUEGRASS AUTISM WALK and agrees to indemnify and hold Whitaker Bank Ballpark and the Autism Society of the Bluegrass harmless from any loss or injuries resulting to the undersigned participant, and furthermore releases Whitaker Bank Ballpark, the Autism Society of the Bluegrass, and each of their officers, agents, directors, attorneys, employees, consultants, and all other persons, whomsoever, acting on its behalf, from all claims, losses, defenses, suits, or causes of action, whether based in equity or in law, including, without limitation, any claim for punitive or exemplary damages, and all other matters arising out of, by reason of, or in any way of related to, directly or indirectly, the undersigned participant's participation in the BLUEGRASS AUTISM WALK held at Whitaker Bank Ballpark, on September 10, 2017.

The undersigned understands that photographs may be taken and/or videotaping may occur during this event, and agrees and consents to the use of such photographs and/or videotape which may include them during their participation in the BLUEGRASS AUTISM WALK held at Whitaker Bank Ballpark, on Sunday September 10, 2017 and waives any demand or right to compensation and/or right of privacy which may otherwise be afforded them by the capture of their image(s) in such photographs and/or videotape during the BLUEGRASS AUTISM WALK.

Print Name

Names of Minor Children for whom you are signing

Signature

Date

PLEASE DUPLICATE THIS PAGE FOR OTHER ADULT TEAM MEMBERS. THANKS!