



**FIELD RUN FOR AUTISM, Sunday May 6, 2012
 TIME: 8:30 AM SHARP! Registration starts
 at 7 AM.**

Come join us at the 5K race on the private running field at Choate Rosemary Hall High School, 333 Christian Street, Wallingford, CT.

Registration fee: \$30, \$35 on day of race, \$15 for all students

Students can attain community service hours by forming a group to run in the race. Contact Pat Coppola at 203 265-7717 Ext 14, or email patcoppola2000@yahoo.com for additional information.

RACE AMENITIES:

100% cotton race t-shirts (only guaranteed to those that register by April 11th)
 Professional chip in the bib timing by The Last Mile Mgt. Co.
 Cash Prize of \$100 for the top male and female overall finishers (checks will be mailed after the race).
 Medals for the top three overall finishers and medals for the first place male and female finishers in the following age groups (13 & under) (14-18) (19-29) (30-39) (40-49) (50-59) (60-69) (70-79)(80+)
 Photos available after the race, they will be available online within one week at www.jmachtphotography.com

Ask friends and family to support you to help raise funding for the ASRC. You can personalize your own ASRC Run for Autism web page for friends and family to make online donations by going to ctautismwalk.com

Please fill out the form below and return to ASRC, 101 N. Plains Industrial Road, Wallingford, CT 06492

_____, the undersigned by registering the ASRC Run for Autism, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment, and facilities may pose significant risk of injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have against ASRC, Choate Rosemary High School in Wallingford, and the Town of Wallingford, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that ASRC, the Town of Wallingford, and Choate Rosemary High School is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

Name:_____ Age day of race_____

Address:_____ Town:_____

Email:_____Telephone:_____

Signature : _____(parent or guardian if under 18)