

2024 Race for Autism SUPERHERO 5K

April 6, 2024

Registration Form (Please fill out ONE FORM per Registrant)

Please use ONE form per person

First Name	Last Name	
Address (Street) /Apt. #		
City	State	Zip Code
- -	M F	X X
(Area Code) Phone Number - Daytime	Gender	Age
		Date of Birth (MM-DD-YYYY)
X X / X X / X X X X		

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Email Address (Please make sure it is readable and correct – it will be used to send you race details/instructions)

Shirt Size	Event:	Registration (See Table Below)
<input type="checkbox"/> Youth	<input type="checkbox"/> 5K Run (Timed)	1) Adult \$
<input type="checkbox"/> Small/Adult Unisex	<input type="checkbox"/> 5K Walk	2) Youth \$
<input type="checkbox"/> Medium/Adult Unisex	<input type="checkbox"/> 1 Mile Family /Walk	3) Child \$
<input type="checkbox"/> Large/Adult Unisex		
<input type="checkbox"/> X-Large/Adult Unisex		
<input type="checkbox"/> XX-Large/Adult Unisex (\$3 Fee)	:	ADD: XX-Large T-Shirt Fee (\$3.00) \$
		Donation (Optional) \$
		Must be postmarked by March 15, 2024
Make Checks payable to :		\$
National Foundation for Autism Research		Total

RACE RELEASE (MUST BE SIGNED BY PARTICIPANT OR APPLICATION WILL BE REJECTED): I understand that my consent to these provisions is given in consideration of the acceptance of this registration. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event and I hereby release and hold harmless and covenant not to file suit against the National Foundation for Autism Research and any affiliated individuals, the San Diego Race for Autism and any affiliated individuals, the City of San Diego and all governmental agencies whose property and/or personnel are used, and all other persons or entities associated with this event (the "Releasees") from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others. I give my full permission to the National Foundation for Autism Research to use any photographs, videotapes, or other recordings of me that are provided to NFAR and taken by me or someone else **I HAVE READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY.**

_____ Signature of Participant or Guardian	_____ Today's Date
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For Team Participation (if applicable) Team Name _____ Team Captain _____	I want to learn more about. ... <input type="checkbox"/> Becoming a Corporate Sponsor
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Instructions

Each individual needs to fill out and sign a registration form.

Families – Please fill out a form for each person participating in the 2021 Race for Autism event. You can send in one check for the whole family.

If you want to pay by credit card, please use our on-line registration at

www.RaceforAutism.org.

It is easy and secure and allows you to have your own fundraising webpage.

FEES Registration includes a bib, t-shirt or cape, and commemorative finisher medal.

	Before Dec 31	Jan 1 - 31	Feb 1- 28	Mar 1 - 15
ADULTS (18+ yrs old)	\$30.00	\$35.00	\$40.00	\$45.00
YOUTH (13-17 yrs old)	\$25.00	\$30.00	\$35.00	\$40.00
CHILDREN (under 12 yrs old)	\$20.00	\$25.00	\$30.00	\$35.00
(Each Registration includes Mailing of Bib and T-shirt)				

Race Disclaimer: The race can be altered, postponed or cancelled with no refunds due to weather, natural disturbances, police activity, acts or threats of terrorism. Also the event is a fundraising event with no refunds. Transfers of entry to another individual is allowed until March 1, 2024.

Participants will receive an official event T-shirt and a commemorative medal. T-Shirt size or availability may be limited for LATE/Race Day registrations.

Mail completed registration forms and payment to:

National Foundation for Autism Research

Attn: Race for Autism

PO BOX 502177

San Diego, CA 92150-2177