

Autism Puzzle Walk 2011 Registration Form

Please fill out one registration form for each walker

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Yes / No Please add me to the Autism Society of Nebraska email list.

Please check your desired shirt size

Adult sizes: ___ Small ___ Medium ___ L ___ XL ___ XX LG

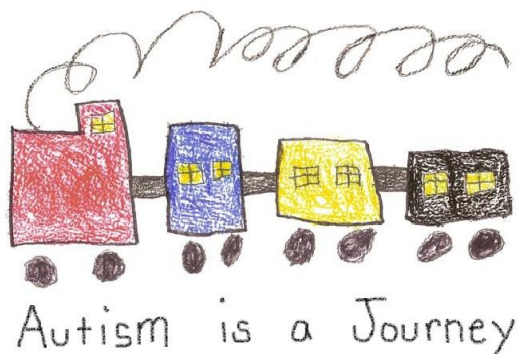
Child sizes: ___ Small (4-6) ___ Medium (8-10) ___ Large (12-14)

<p>EARLY BIRD REGISTRATION \$15 - Adult \$5 - 12 & Under</p> <p>REGISTRATION (AFTER APRIL 17) \$25 - Adult \$15 - 12 & Under</p>

Waiver and release of liability: I, hereby waive all claims against the Autism Society of Nebraska or any personnel for any injury or loss I, or my child might ward, might suffer, by participating in, or as a result of this event.. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photos or likenesses of me and/ or quotations from me in legitimate accounts and promotions of this event. By signing, I have indicated my agreement with all of the above.

SIGNATURE _____ DATE _____

PARENT/GUARDIANS SIGNATURE IF ENTRANT IS UNDER 18



Mail registrations and/or donations to:
Autism Society of Nebraska
PO Box 83559
Lincoln, NE 68501-3559