

# Autism Puzzle Walk 2011 Registration Form

Please fill out a separate registration form for walkers not from your household

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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 \_\_\_\_\_

## Additional Walkers from the \*SAME HOUSEHOLD\*

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

Name \_\_\_\_\_ Check here if a Minor   
 Signature \_\_\_\_\_

### REGISTRATION

Adults:	Number Registering: _____	X	\$25	=	\$ _____
Children (12 & Under):	Number Registering: _____	X	\$15	=	\$ _____
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	# _____	Reg. Total:		\$ _____
			Donations:		\$ _____