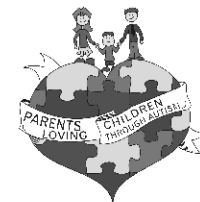


Annual Walk For Autism Awareness and 5K Run



Saturday, April 26, 2014

more forms available at www.plcta.org

Early Registration: Walk \$15 \$20 day of walk
5K Run \$20 \$25 day of run

More 5k information and registration form on reverse

7:30 Run Registration
 8:30 Run Begins
 9:30 Walk Registration
 11 am Walk begins
 (immediately followed by our post walk picnic)
 1 pm Raffle drawings

Nay Aug Park, Scranton

Everhart Pavilion Registration at 9:30 am Walk starts at 11am!

\$15 early registration (if received by April 11th)
 \$20 day of walk Children under 18 are FREE! (walk only & picnic only)

Form & register a WALK TEAM!

For team information and registration forms, call 570-341-3388

Please detach bottom portion and mail with payment enclosed to:
 PLCTA FOUNDATION 1243 Wyoming Ave. (3rd. Floor) Scranton, PA 18509

Walker Registration and Waiver Form Form may be copied

Walk registration

Waiver: I hereby waive and release any and all claims for injuries and damages for myself and all listed dependents against Parents Loving Children Through Autism Foundation, event sponsors, venue management, The City of Scranton, and all personnel for any injury I, or all listed dependents, might suffer during or as a result of this event. I attest that I, and all listed dependents, are physically fit and prepared for this event. I grant full permission for organizers to use photographs and/or quotations of all listed dependents and myself for legitimate accounts of this event and promotion of PLCTA Foundation.

PLCTA Foundation is not responsible for any items lost or stolen at any time before, during or after the event. I understand that I am fully responsible for all listed dependents for the duration of the event and must accompany them at all times.

Walkers Signature _____ Date _____

Choice of shirt size for pre-registered walkers only.
 Sizes and quantity limited day of walk.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Please indicate number of shirts needed. (1 per walker)

Adult sizes: M _____ L _____ XL _____ 2XL _____

Childrens size: YOUTH M _____ XL _____
(can only be ordered by children-no adult youth orders)

Must be present day of walk to receive shirt

Number of paid walkers _____

Number of dependents _____ (free)
(Children under 18)
 Must be accompanied by an adult

Total money enclosed _____
\$15 x number of registered adults

**Complete all information
 Please print clearly.**

P.L.C.T.A. 5K Run registration

Saturday April 26, 2014

PLEASE READ AND SIGN RELEASE:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in races, including, but not limited to: falls, contact with other participants, the effect of the weather, including high heat and/or humidity or lightning, the conditions of the road and traffic on the course, all risks being known and appreciated by me. Having read this waiver and knowing the facts and in consideration of your acceptance of my entry in the race, I, for myself and anyone entitled to act on my behalf, waive and release the directors of this race, the city of Scranton, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I grant permission to all of the foregoing to any photographs, motion pictures, recording or any other record for legitimate purpose.

Signature _____ Date _____

Name _____ Age _____
please print First Last

Gender M F
circle one

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Adult sizes: M _____ L _____ XL _____ 2XL _____

\$20 early registration fee. Childrens size: YOUTH M _____ XL _____

Amount enclosed _____

Check No. _____

1 shirt per form, per runner.

**Complete all information
Please print clearly.**

Please detach top portion and mail with payment enclosed to:
PLCTA FOUNDATION 1243 Wyoming Ave. (3rd. Floor) Scranton, PA 18509

Form may be copied

Run begins at 8:30am April 26th 2014

Event timed by
Scranton Running Company

Starting line for run will be near Hanlons Grove
with parking across from pool area
Course contained within park. No public roads

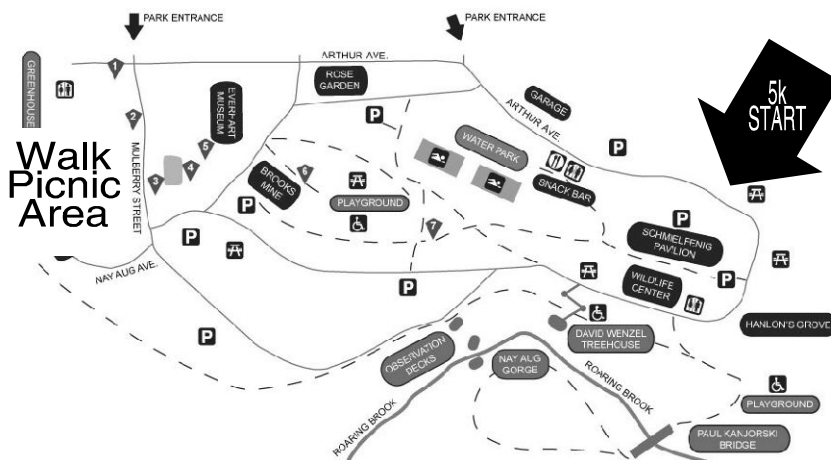
Deadline for early Run registration is

April 11th

Registration day of run is at 7:30 am

Fee the day of the run is \$25

All runners must register independently on a separate form
1 runner per form



Walk For Autism Awareness and 5K Run

Walk into and registration form
on reverse