



Autism Family Network

Runner Registration Form

- Name:
- Email:
- Address:
- Phone:
- Age:
- Shirt size:
- Child \$20_____ Adult \$30_____ Circle of friends group (school aged only) \$20_____

Needs to be received by March 27th, 2024, to be guaranteed a shirt.

Please send the completed registration form to:

AFNLincoln, 307 North 46th street, Lincoln NE 68503

Or via email: autismfamilynetworklincoln@gmail.com

Prizes are awarded for the best costume, as well as place winners in each runner category.

Liability waiver: I agree that if I participate in this physical activity, program and/or event, I do so at my own risk. I agree that I am voluntarily participating in the event and using event facilities/premises and assume all risk of injury, illness, damage or loss to me or my property that might result from entering this event. I hereby consent to receive medical treatment in the event of injury, illness, or accident during the event. I hereby, for myself, my executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive a release all event sponsors, charities, volunteers, and the city of Lincoln and the Sandhills Global Event Center. The signing of this release waiver extends to all claims seen and unforeseen against any party associated with this event.

Signature of registrant: _____

Event information:

Sandhills Global Event Center

8:00 registration begins.

9:00 5k begins.

10:00 children's race begins.

Saturday April 13th

4100 North 84th street

Lincoln NE