



The New England Center
for Children®

A leader in autism research and education

May 10, 2014

DAY OF REGISTRATION FORM

Saturday, May 10, 2014
10:00 a.m. Race Start

Name

Age ☐ Male ☐ Female

Address

City/ST/Zip

Telephone Number

Email Address

Team Name (if applicable)

I will be: ☐ Running ☐ Walking

Day of Registration: \$35

Payment Type ☐ Check ☐ Payroll Deduction ☐ Cash ☐ Credit Card

Make check payable to: *The New England Center for Children*

Tell us more about you!

- ☐ I am the parent of a current/former NECC student
- ☐ I am a current/former NECC student
- ☐ I work at NECC
- ☐ I used to work at NECC
- ☐ I am a NECC Board of Directors Member
- ☐ I am a NECC Board of Advisors Member
- ☐ I am a friend of a NECC Family Member
- ☐ I am a friend of a NECC Staff Member
- ☐ I am new to NECC
- ☐ Other _____

Waiver: In consideration of the acceptance of my entry, I hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims – for personal injury and property damages which relate to or may arise from the entry and/or participation in this run/walk – against The New England Center for Children, Inc., the Town of Southborough, and any and all organizers and sponsors associated with this event. I understand that a run/walk is a potentially hazardous activity and I am willing to assume all inherent and associated risks including accident, injury, or death. I also give permission for the use of my name and photograph in any broadcast, telecast, print media account, brochure, pamphlet, advertising, posting, or publication regarding this event.

Signature

Date

Signature of Parent/Guardian (If under 18)