

**WALK FOR HOPE  
FAMILY FUN DAY  
March 27, 2010  
8:00 am – 12:00 pm**



**Parc International  
Downtown  
Lafayette, Louisiana**

Name of Walker \_\_\_\_\_

Shirt Size \_\_\_\_\_ (Registration must be postmarked before March 7th to receive T-shirt)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Individual  \$15

Virtual Walker(s)  \$15

Group Walker (Team \_\_\_\_\_)  \$15

Please accept my additional donation of \$ \_\_\_\_\_

\$ _____
\$ _____
\$ _____
\$ _____

<u>For office use only:</u>
Check # _____ Cash _____
Received by _____

<b>TOTAL ENCLOSED</b> \$ _____
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**WAIVER AND RELEASE OF LIABILITY** Waiver: In consideration of me and/or my minor child(ren) being permitted to participate in all Walk for Hope activities, I hereby for myself, my heirs and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue The Autism Society of Acadiana, Parc International, their officers, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child(ren) as a result of taking part in the Walk for Hope event and any related activities. I also authorize and release ASAC to use any photo, film, or videotape taken of me or my minor child(ren) at the event for any purpose and by signing, authorize such use and acknowledge ASAC's ownership of same.

Signature X \_\_\_\_\_

(Parent/Guardian's signature required if entrant is under age 18)

Please also visit our website at [www.acadianautism.org](http://www.acadianautism.org)

Mail to: **ASAC WALK, PO BOX 19553, Lafayette, LA 70509**