

Autism Society of Greater Orlando's 2016 Autism Walk & Family Fun Day

****Annual Fundraising Event****

The Autism Society of Greater Orlando is hosting its 11th Annual Autism Walk & Family Fun Day inside the Orange County Convention Center's North Concourse on Saturday, April 9, 2016 from 9:00 AM – 12:00 PM. We would like to invite everyone out to support ASGO and the families affected by autism. 100% of the proceeds will stay right here in the Central Florida area.

Registration includes:

- Admission into the event
- ***Event t-shirt for all Pre-registered participants by March 1, 2016.***
- Free parking
- Air conditioned facility

Other Activities include:

- Access to local vendors
- Kids activities at every vendor booth
- Raffle & Silent Auction including gift cards, hotel stays and autographed sports memorabilia.
- Massages
- Sports Corner with great games and prizes
- Moon bouncers
- Special Guests including some favorite characters.

Schedule of event:

- **MANDATORY package pickup by Participants on Friday, April 8th from 1:00 PM – 7:00 PM**
- Walk in Registration begins on Saturday, April 9th at 8:00 AM (no t-shirts)
- Event begins on Saturday, April 9th at 9:00 AM
- Opening Ceremonies begin on Saturday, April 9th at 10:00 AM

For additional information or to register, contact ASGO at 407-855-0235, via e-mail at contact@asgo.org or visit our website at www.asgo.org.



ASGO's 11th Annual Autism Walk & Family Fun Day Participant Registration Form Saturday, April 9, 2016



TEAM NAME: _____

TEAM CAPTAIN NAME: _____

(Shirts & wrist bands will be given to Participants at Check In on Friday, 4/8/2016 from 1:00 – 7:00)

Participant Name

Participant Name

Participant Name

Participant Name

Participant Name

Participant Name

*****Additional Participants can be added on a separate sheet and attached to this order form*****

Phone

E-Mail Address

Cost:

_____ \$10.00 Participants ages 2- 17

_____ \$10.00 Participants **with Team Pledges of a Minimum of \$100**

_____ \$25.00 Participants **with no pledges**

Please place total number of shirts per size that match the number of participants on the form:

___ CS ___ CM ___ CL ___ AS ___ AM ___ AL ___ XL ___ XXL ___ XXXL

PLEASE NOTE: T-shirts are guaranteed to those pre-registered by March 1, 2016

Payment method: Cash, checks payable to the ASGO, or Visa/Master Card.

If you wish to charge your registration fee, please fill in the information below:

I, _____, hereby authorize the Autism Society of Greater Orlando to charge

my credit card number _____ with a v-code of _____ (3

digit number on back of the credit card) with an expiration date of _____ and a zip code

of _____ for a total of \$_____.

Signature

**Completed form should be faxed to 407-855-5129 or mailed to:
ASGO 1650 W. Sand Lake Road Ste. 235 Orlando, FL 32809**



ASGO's Autism Walk & Family Fun Day Pledge Sheet



The Autism Society of Greater Orlando is a 501(c)(3) not for profit organization dedicated to serving the more than 20,000 Central Florida families living with some form of Autism. Every dollar raised at this event will stay here to support our families living with autism today. Please visit our web site at www.asgo.org to see more about autism and our organization.

Team Name _____

Total Amount Collected: _____

Please make checks Payable to the Autism Society of Greater Orlando. Mastercard & Visa are also accepted. If paying by a charge card, please include the credit card number, expiration date, and v-code)

Name _____ **Donation \$** _____

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Name _____ **Donation \$** _____

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Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Name _____ **Donation \$** _____

Please photocopy this form to include additional sponsors.

**All pledges need to be collected and brought in by the
Team Captain no later than Saturday, April 9, 2016**

ASGO's AUTISM WALK & FAMILY FUN DAY

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the ASGO Autism Walk (the "Event") as a walker, volunteer or in any other capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

1. Represent that I am qualified, in good health and in proper physical condition to participate in the Event. If at any time during my participation in the Event I feel like my physical condition no longer allows me to participate safely or I believe the Event becomes unsafe, I will immediately stop my participation.
2. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event. The risks include, but are not limited to, weather, equipment, actions of other people, including coaches, event officials, and other participants and volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers and operators of motor vehicles in or around the area in which the Event will take place. These risks are inherent in athletics and events that involve large numbers of people and take place in public places. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and **I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.**
3. **HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS AND TO INDEMNIFY** The Autism Society of Greater Orlando and it's affiliates and their officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives, and all other sponsors, organizers, volunteers, officials, medical workers, producers, lessors and organizers and any involved municipalities or other public entities and each of the directors, officers, employees, agents representatives, successors, heirs and assigns of any of the above individuals and entities (collectively and individually "Releases") **FROM AND AGAINST ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE, INCLUDING THE NEGLIGENCE OR CARELESSNESS OF ANY RELEASEE, ARISING OR RESULTING FROM MY PARTICIPATION IN THE EVENT.**
4. I irrevocably grant to The Autism Society Of Greater Orlando the right and permission to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film and tape, for any lawful purpose

I have read this agreement and understand that I have given up substantial rights by agreeing to it. I have agreed to this agreement freely and voluntarily without any inducement or assurances of any nature. **I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW, EVEN THOUGH THAT LIABILITY MAY ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES LISTED ABOVE,** and I agree that if any portion of this agreement is held to be invalid, the remaining portion of the agreement shall continue to be in full force and effect.

By _____ Date ____/____, 2016

Witness Signature _____ Date ____/____, 2016