



Autism Awareness Walk

Join us for a **fun and inclusive**, indoor community walk to **celebrate diversity** and **raise awareness for Autism!**

Saturday, April 27, 2019

Eastview Mall, Victor, NY

Entrance #5 at the Food Court

8:00 a.m. Registration

8:30 a.m. Walk begins



TEAM & PARTICIPANT REGISTRATION FORM

Everyone can participate in the Autism Awareness Walk, but it's much more fun to walk as a team! Grab some friends and fill out the information on the reverse side of this sheet. Remember, the more pledges you collect, the bigger prizes you'll receive!

Awards for fundraising!

\$150 - \$249: \$25 gift card
\$250 - \$499: \$50 gift card
\$500 or more: \$75 gift card

Raise over \$500 to be entered in our Grand Prize drawing to win a **Ring Video Doorbell 2 and an Amazon Echo Dot!**

Free T-Shirt

to all registrants!
while supplies last

Integrative & Inclusive Kid-Friendly Fun

DJ Matt Tumbelekis!
Dancing! Bake Sale!
Face Painting!
Favorite Costumed Characters!

No Minimum Fee!

No registration fee!

Collect pledges on-line:

<https://tinyurl.com/2019AutismWalk>

Walk Waiver - Please sign to participate

In consideration for the opportunity to participate in the Ability Partners Foundation Autism Awareness Walk (the "Event"), I agree as follows for myself, and for my child(ren) who participate and/or attend with me:

1. I hereby waive and release, for myself, my child, my heirs, executors and administrators, any and all rights, claims, liabilities and causes of action whatsoever I or my child may have against Ability Partners Foundation (APF), Ability Partners, Inc (API), CP Rochester (CPR), Happiness House (HH), Rochester Rehabilitation (RR), and their affiliates and the event operators and sponsors and each of their respective officers, directors, employees and agents (the "Event Parties") relating to or arising from my or my child's participation in the Event, including but not limited to personal injury.
2. I recognize the event has inherent risk of injury and I hereby assume that risk, on behalf of me and my child. If I or my child causes injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the event parties from and against any and all claims, suits, actions, losses, damages and expenses related to or arising from such injury or damage.
3. I hereby give my consent to APF, API, CPR, HH, RR and their affiliates to use my and my child's name and photographs, video and film ("Photos") of me and/or my child taken before, during or after the event in advertising and promotional materials for APF, API, CPR, HH, and RR including but not limited to the Internet, without compensation. I agree that no advertising or other material need be submitted to me or my child for approval. I agree that all photos of me and/or my child used by APF, API, CPR, HH, RR, and their affiliates are owned by APF and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from any liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my or my child's name and/or photos, including, any alteration of such photos, whether intentional or otherwise.

I have read and understand this release, and declare all information is truthful and accurate.

Signature

Date

**Flip over for
individual and team
registration form!**



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Name: _____ E-mail: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Individual _____ Team _____ (check one)

Team name (optional): _____

Team captain's name: _____

Team members: _____

Free t-shirts for all registrants! (while supplies last)

No minimum fee! No registration fee!

Collect pledges on-line:

<https://tinyurl.com/2019AutismWalk>

Please register all participants including those in strollers or wagons

NAME	ADDRESS	CONTRIBUTION	PAYMENT METHOD CASH, CHECK, ON-LINE (FIRST GIVING)
Total amount:			

Please make copies of this sheet to raise more funds!

100% of revenues benefit Ability Partners Foundation in support of CP Rochester, Happiness House, and Rochester Rehabilitation programs and services.

For more information, contact: Amy Miller, Events Manager
 Ability Partners Foundation
 10 East Main Street #304, Victor, NY 14564
 Phone: 585-412-9040 x1324
 amiller@happinesshouse.org