



First Annual 5K Run/Walk
Saturday, April 17th, 2010
Race Time: 9:00am
Paintsville, KY, beginning at the Johnson County Health Department

NOTE: You may also register online by going to www.highlandsautism.org and clicking on the www.Active.com link. Active.com event #: 1838438

Registration Form

First Name _____ Last Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone Number _____

Email Address _____

Date of Birth ____/____/____ Age on April 17th, 2010 _____ Sex: M / F

T-Shirt Size (Adults) circle S M L XL XXL T-Shirt Size (Youth) circle S M L
(Deadline of April 1st in order to guarantee T-shirt)

Fees: \$20.00 per Adult / \$15.00 per Child (10 and under) / \$50.00 Family

List all participants and ages _____

Please send completed registration form and check/money order payable to Highlands Foundation to:

Highlands Foundation/Changing Lives 5K
PO Box 668
Prestonsburg, KY 41653

If paying by credit card, please list information below (no debit cards accepted):

Credit Card Type (circle) Visa/Mastercard/Discover/American Express

Credit Card Number: _____ Expiration Date: ____/____

By signing below, I acknowledge that in consideration of acceptance of my entry, I for myself, my heirs, executors and administrators, do hereby release and discharge Highlands Health Systems, the Highlands Center for Autism, and all sponsors and associates of this event from any and all claims in said event. I certify that I have full knowledge of the risks involved in participating in this event. I release publishing rights of photographs taken of me during this event for purposes of coverage and publicity for this and future events sponsored by Highlands Health Systems and the Highlands Center for Autism.

X _____
Signature/Signature of Parent or Guardian if under 18 years of age Date