

# HEARTS & HANDS WALK FOR AUTISM REGISTRATION FORM

PLEASE RETURN FORM TO: COMMUNITY AUTISM RESOURCES 33 JAMES REYNOLDS RD. UNIT C  
SWANSEA, MA 02777 **Attention 2009 AUTISM WALK**

**I am unable to walk but would like to make a donation**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_  
TEAM NAME \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

**I am part of a school team**

INDIVIDUALS WHO RAISE \$60.00 OR MORE AND WHO REGISTER BY MONDAY AUGUST 10, 2009  
WILL RECEIVE AN OFFICIAL HEARTS & HANDS WALK T-SHIRT WHEN THEY TURN IN THEIR  
DONATIONS.

**1 shirt per attendee please.** TEAMS WILL RECEIVE **1 SHIRT PER WALKER** for each \$60.00  
raised **when the TEAM LEADER turns in the team's total donations.**

**Example: a team of 10 people will need to raise \$600.00 to receive a shirt for each walker.**

**The deadline for those who want T-shirts is Thursday August 10<sup>th</sup>!**

**We cannot guarantee shirts for those who do not register by that date.**

SHIRT SIZES CHILDREN'S SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_  
ADULT SIZES SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ 1XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3 XL \_\_\_\_\_

**PLEASE NOTE THAT PHOTOGRAPHERS WILL BE AT THE WALK TAKING PICTURES.**

**PHOTOS WILL APPEAR ON THE COMMUNITY AUTISM RESOURCES' WEBSITE.**

## **LIABILITY WAIVER (feel free to photocopy)**

I \_\_\_\_\_  
(INDIVIDUALS/PARENTS/GUARDIANS)

**and my minor children (under age 18) listed below**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**are participating in the Hearts & Hands Walk for Autism and Family Fun Day at our own risk. We will not hold the  
organizers, Community Autism Resources Inc., Bristol Community College nor the City of Fall River liable for any  
injury, or loss/damage to property.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**QUESTIONS CALL 508-379-0371 EXT 16**