



Bailey's Run 4 Autism

at LEGACY place in Dedham, MA

MAIL-IN REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ Male Female Date of Birth: _____

T-Shirt Size (circle one) S M L XL (T-Shirts are adult sizes only)

Legal Release:

I _____, the undersigned, RELEASE and discharge the Town of Dedham, Bailey's Team for Autism, Legacy Place and Fattman Productions and their respective officers, employees, agents and volunteers and the race sponsors from any and all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting, directly or indirectly, from my participation in ***Bailey's Run for Autism*** (hereafter Run). I agree to indemnify all against any claim, damage, loss or expense of whatever kind or nature that the Run may have to pay that arises from my participation in the Run. I also grant my permission to use photographs, motion pictures or video tapes of me (or members of my family if applicable) participating in this event for any purpose whatsoever.

[If members of your family would like to participate in the walk portion of our program, please visit our website at www.baileysteam.org and print our *walk information and registration form*.

Print Name: _____ Date: _____

Sign Name: _____

Entry Fee: \$25.00 (advanced registration); \$30.00 (day of event)

Please make checks payable to: Bailey's Team for Autism and mail payment with this form to:

Bailey's Team for Autism, 164 Westside Avenue, North Attleboro, MA 02760

If paying by Credit Card, please complete below:

Visa / MasterCard (Circle one) _____
[Name as it appears on Card]

[Account No.]

[Exp. Date]

[Security Code]