

Race to Top Autism 5K 2014



When: Saturday April 26th, 2014 at 8:30 a.m., Rain or Shine. Registration starts at 7 a.m. Kiddie K starts at 8:00 a.m.

Where: Dover Downs Lot 8 – Behind Dover Downs Race track – Just north of the intersection of Leipsic Rd and Persimmon Tree Lane. Dover, DE.

Course: 5K Run/Walk. Course is a flat, fast, paved, out and back from lot 8 at Dover Downs to CDSA Park and back. (Wheel measured by Middletown Athletic Club)

Registration: Pre-registration is \$20 until April 11th and, \$25 after April 11th and on event day. Kiddie K \$5 (kids under age 10 not running 5k). **Mail registrations and make checks payable to Premier Physical Therapy, 97 Commerce Way, Suite 101, Dover, DE 19904. Online registration is available at:** <https://www.signup2raceusa.com/registration/race2topautism/>. Registration forms may be downloaded at www.macrunning.com or www.premierptsp.com/race-to-top-autism-5k or picked up at Premier Physical Therapy in Dover. Contact Wayne Woodzell at 302-724-6344 or email waynewoodzell@premierptsp.com with questions.

Awards: Awards for overall male and female winners and top 3 male and female runners in age groups: 10 and under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over. Walk awards to top male and female walkers.

Amenities: “Race to Top Autism 5K” t-shirts to all pre-registrants. Post race food and beverage.

Benefits: Proceeds will be donated to the CDSA TOPSoccer program and Autism Delaware.

Timing: Chip timing and finish line management will be provided by Nova Timing Systems.

Co-Producers: Premier Physical Therapy and Sports Performance, CDSA, and Middletown Athletic Club.

-----ENTRY FORM-----

WAIVER AND RELEASE OF LIABILITY: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking this event including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, extreme cold, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry to participate in the Race to Top Autism 5K Run/Walk, I, for myself and anyone entitled to act on my behalf, waive and release Premier Physical Therapy and Sports Performance, LLC, the CDSA, CDSA TOPSoccer, Autism Delaware, the Middletown Athletic Club, Dover International Speedway, Inc.; its parent, subsidiaries and affiliated entities; and all of their respective shareholders, directors, officers, employees, agents and successors, the State of Delaware and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby give my permission to the event organizers and sponsors to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof. By signing this waiver and release I certify that I fully understand its significance.

Age on Race Day _____ Sex: M F T-shirt Size: S M L XL

Print Name: _____ Email: _____

Address: _____
(Street or P.O. Box) City State Zip

Phone: () _____

Please Check: 5K Run 5K Walk Kiddie K Run Signature: _____

(Signature of parent or guardian if entrant is under 18)
We discourage unofficial entrants, strollers, roller blades, bicycles, participating with animals and the wearing of headphones for the safety of all participants.