



Autism Awareness & Acceptance Walk



Join us for a **fun, inclusive, and interactive** walk to **celebrate diversity** and **raise awareness & acceptance for Autism!**

Saturday, April 29, 2023

Eastview Mall, Victor, NY
Entrance #5 at the Food Court

8 a.m. Registration
8:30 a.m. Walk begins



TEAM & PARTICIPANT REGISTRATION FORM

Everyone can participate in the Autism Awareness & Acceptance Walk, but it's much more fun to walk as a team and in honor of someone you love with Autism! Call, chat, and collect pledges with your friends online or in person and share with us by tagging #AAAW2023. The more pledges you collect, the bigger prizes you'll receive!

Integrative & Inclusive Kid-Friendly Fun

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 an **Awesome Prize!**

Prizes include; Spiderman Lego Set, a Smart Watch, Family Outings, and a Karaoke Microphone.

Follow us on Facebook for April activities, day-of videos, and event updates!

No Minimum Fee! No registration fee!

Free T-Shirt! to all registrants while supplies last!

Walk Waiver - Please sign to participate

In consideration for the opportunity to participate in the Ability Partners Foundation Autism Awareness & Acceptance Walk (the "Event"), I agree as follows for myself, and for my child(ren) who participate with me while abiding by the recommendations of the CDC and the DOH as per the Coronavirus (COVID-19) protocol:

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 (AP), 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, AP, 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, AP, 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, AP, 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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Eastview Mall

Name: _____ E-mail: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Individual _____ Team _____ (check one)
 Team name (optional): _____
 Team captain's name: _____
 Team members: _____

Register and Collect pledges on-line:

Off-line pledges can be added to team totals manually!

Please register all participants including those in strollers or wagons

Turn offline pledges into:

Happiness House Canandaigua: Heather Roller

Happiness House Geneva: Christina French

CP Rochester: Riley Eike

Rochester Rehabilitation: Jackie Hawks Lyttle

NAME	ADDRESS	CONTRIBUTION	PAYMENT METHOD CASH, CHECK, ON-LINE(FIRSTGIVING)
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.

Ability Partners Foundation is a non-profit organization. A copy of our most recent financial report(s) may be obtained, upon request, by contacting us at 3399 Winton Road S. Rochester, NY 14623 or from the New York State Attorney General's Charities Bureau, located at 28 Liberty Street, 15th Floor, New York, NY 10005. Information on New York charitable organizations can be found on the New York Attorney General's website (<https://www.charitiesnys.com/>) or by contacting (212) 416-8401.

For more information, contact:
 Riley Eike, Director
 email: reike@happinesshouse.org