

**Official 2010 Breakthrough Run for Autism  
5k Run/Walk Entry Form**

Race Number \_\_\_\_\_ Office Use Only

Name: Last \_\_\_\_\_

First \_\_\_\_\_

Sex: (circle one) M F

Birth date: / /

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Age (as of 4/17/10) \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_

5k \_\_\_\_\_ 1 mile \_\_\_\_\_

T-Shirt Size: youth M adult S M L XL XXL

Donate the cost of my shirt: No shirt option \_\_\_\_\_

**Breakthrough Buddy** \_\_\_\_\_

Volunteer assistance needed? \_\_\_\_\_

Spring Fling Registrations: (Y/N) \_\_\_\_\_

**Breakthrough Run for Autism:** \_\_\_\_\_

Pre-Registration Fee: \_\_\_\_\_ \$20.00

K-12 Students: \_\_\_\_\_ \$15.00

Sleeping but supporting: \_\_\_\_\_ \$25.00

(Shirt will be mailed)

Additional tax-free donation: \_\_\_\_\_

Total: \_\_\_\_\_

Team Participants:

Team Name \_\_\_\_\_

Team Captain(s) \_\_\_\_\_

**\*\*Please make checks payable to  
Breakthrough  
Sorry, no refunds. \*\***

## Athlete's Release

**PLEASE READ. TO PARTICIPATE YOU MUST SIGN  
AND DATE THIS FORM.**

I know that running and volunteering to work in a race are potentially hazardous activities. I should not enter and run or walk in the Breakthrough Run for Autism 5K unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and/or volunteering to work in the aforementioned race, including but not limited to falls, contact with other participants, the effects of weather, 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 all these facts, and in consideration of your acceptance of my application, I for myself, and anyone entitled to act on my behalf, waive and release Breakthrough of any and all members thereof, vendors, and all further sponsors, their representative, successors, for all claims or liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence of carelessness on the part of the person named in this waiver. I also grant permission to all the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose.

**I agree to the Athlete's Release**

\_\_\_\_\_

**Athlete's Signature**

\_\_\_\_\_

**Parent's Signature if under 18**

**Date** \_\_\_\_\_

Fill out form completely and mail with entry fee

to: Breakthrough

1805 Maryville Pike, Knoxville, TN 37920

**4<sup>th</sup> Annual  
Breakthrough Run for Autism  
April 17, 2010  
8:00 a.m.**

**Presented by**



**5k Run and 1 Mile Walk  
Race 2 of Spring Fling Series  
Run for the Schools 4/10/10  
Run for the Deaf 5/1/10**

[www.breakthroughknoxville.com](http://www.breakthroughknoxville.com)  
**(865)405-3652**

# Race Information

## About Breakthrough

The mission of Breakthrough is to improve the lives of adults with autism. We are committed to providing a full array of individualized services that offer quality care, a safe environment, family connection and community involvement in a cost effective way.



Runners take off from the starting line at the Breakthrough Run for Autism.

### Team Categories

School, Corporate, and Open  
Go to [www.breakthroughknoxville.com](http://www.breakthroughknoxville.com) to learn more about team registration.

**Race Directors:** Judi Brookshire  
Susan Lee

**Honorary Race Chairman:** Stewart Ellington

### Location

Starts and finishes at Regal Cinemas Pinnacle Stadium 18 at Turkey Creek.

### Course Description

Course will have chip timing and is currently being re-certified and the USATF # will be available soon. Relatively flat course runs through quiet neighborhoods behind Turkey Creek Development.  
**WALKERS WELCOME!**

### Registration Fees

Runners may pre-register or sign up the morning of the race from 7:00 until 7:30 a.m. at the Pinnacle Stadium parking lot. Pre-registration fee (postmarked by 4/ 5/10) \$20.00. Late registration including day of race \$25.00. On line registration cut-off 4/15/10.

### T-Shirt

First Quality 100% cotton. Pre-registered runners receive shirts on race day. Must be registered by 4/9/10 to be guaranteed a t-shirt. Race day registrants, as supplies last. Donate \$5.00 with the NO SHIRT option.

### Breakthrough Buddy

Any Individual with a disability who would like special recognition may register in this category. If you would like a volunteer to be available to walk or run with the Breakthrough Buddy, please indicate on the entry form. We encourage individuals with disabilities to participate!

### Awards

Custom designed awards to the top three overall, 1st Masters (40+) 1st Grandmasters (50+), 1<sup>st</sup> Veterans (60+) male and female. Overall winners are not eligible for age division awards. Other awards three deep in the following age divisions. MALE & FEMALE: 10 and under, 11-14, 15-19,20-24,25-29,30-34,35-39,40-44, 45-49, 50-54,55-59,60-64,65-69,70-74,75+.

### Beneficiary

Proceeds will go to Breakthrough to improve the lives of adults with autism.

### Volunteer

If you would like to sign up to volunteer to work race day or with a Breakthrough Buddy, please go to [www.breakthroughknoxville.com](http://www.breakthroughknoxville.com) to complete the volunteer form.

### Contact

Race Director, Judi Brookshire at (865) 405-3652 or [jubrook@aol.com](mailto:jubrook@aol.com) or [info@breakthroughknoxville.com](mailto:info@breakthroughknoxville.com).

### Results

Will be posted on the KTC web page: [www.ktc.org](http://www.ktc.org) and the Total Race Solutions web page: [www.totalracesolutions.com](http://www.totalracesolutions.com). Your results will be emailed to you immediately following the race if you provide an email address.

### Course Etiquette

Anyone who is abusive to volunteers or displays unsportsmanlike conduct will be disqualified. No roller blades, bicycles, or dogs allowed on the course. Use of earphones is strongly discouraged.

### Race Packet

Packet pickup at Fleet Feet, Turkey Creek Thursday and Friday before the race during store hours. Packets will also be available the morning of the race.

**Thanks for supporting  
Breakthrough  
and improving the lives  
of adults with autism!**