



# 5th Annual 5K Walk

## Think Autism. Think Cure.

10:00 AM – Walk  
Saturday, October 5, 2013  
Zane's Landing Park in Zanesville, Ohio

Captain envelopes and donation forms are available at  
Coconis Furniture and the Room Store & Mattress Gallery

Benefiting  
**National Autism Association of Southeast Ohio**  
10 West Overlook Drive, Zanesville, Ohio 43701  
[www.naaseo.org](http://www.naaseo.org)  
614-580-3699

NAA-SEO, a chapter of the National Autism Association is a non-profit, federally tax-exempt, charitable organization under Section 501(c)(3) of the U.S. Internal Revenue Service Code. All contributions are tax-deductible to the fullest extent allowed by law.

## How do I Participate?

Find individuals or businesses that will sponsor your participation in the **5th Annual 5K Walk for Autism** by making a monetary pledge to support the National Autism Association of Southeast Ohio. The donation amount should come from the heart. We recommend suggesting a starting amount of \$20.00 but even one dollar is appreciated! Please tell everyone you know about the event!!!

## How Do I Do That?

**Form a team!** Become a Team Captain and Form a Team. Multiple members or just yourself. Use the sample sponsor letter and team sign-up in the packet. We have Team Captain envelopes for teams and smaller envelopes for individuals.

**Name it!** Name your team. Honor an autistic child you know. Example: Walkin' For Suzie or Evan's team.

**Set a goal!** We recommend you start with \$200.00 per group but why not go higher? The sky is the limit!

**Find sponsors!** This can be anyone: family, friends, church, co-workers, neighbors, employer, businesses you frequent. Also, don't forget out-of-town relations and email!

**Collect your donations!** If you prefer, feel free to collect cash or personal checks made out to: NAA-SEO. Bring all donations with you to the **5th Annual 5K Walk for Autism** on October 5, 2013.

**Where does the Money Go?** In 2012 we gave out over \$22,000 to local families in assistance for needed treatments and therapies. Did you know: In Ohio Autism is currently not covered under Ohio Insurance Law. Your donations directly benefit local families.

**Be Proud!** You have decided to help a grassroots autism organization that will impact hundreds of Southeastern Ohio families pay for needed therapies for their autistic child.

Go to: <http://www.naaseo.org>

## I Cannot Be There – What Can I Do?

**Make a direct donation!** You can mail a check to NAA-SEO without walking. Just send check to 10 West Overlook Dr., Zanesville, OH 43701 or go to our website, [www.naaseo.org](http://www.naaseo.org) and click the *Donate Now* button and make an online donation.

## Why Walk for Autism?

**Autism has become an epidemic:** According to the Centers for Disease Control and Prevention, one out of 88 children in the U.S. will be diagnosed with autism this year. Twenty years ago, autism diagnosis rates were 1 in 10,000. They have skyrocketed making autism the **fastest growing serious childhood developmental disability in the U.S.**

**Autism is treatable and children are recovering!** Functional interventions involving dietary therapies, nutrient support to help rebuild the body's gastrointestinal, immune and metabolic pathways, and detoxifications of poisons leads to dramatic reduction in autistic symptoms, with many children mainstreaming educationally and socially. By addressing these abnormalities, the reversal of Autism can become a reality.

**NAA-SEO's Mission:** The National Autism Association of Southeast Ohio is a 501(c)(3) non-profit corporation that provides leading-edge information about biomedical research, tests and interventions for autism spectrum disorders and an application for available grant money to help defray the costs of those interventions.

## How You Can Help:

**Support the NAA-SEO!** NAA-SEO is the only autism organization in Southeastern Ohio with such a unique and vital mission! Parents who have children with autism, professionals and interested persons in the community, need the resource services provided, such as:

- Seminars about biomedical protocols regarding autism spectrum disorders
- Parent-to-Parent Workshops: practical tools that can be used in your child's day; what you may not know to ask for
- Advocacy seminars about IDEA and the IEP process
- Parent Support Group in Zanesville, Ohio
- Monetary grants** to families to help defray the costs of biomedical and traditional interventions
- The distribution of current biomedical information via website.

Learn more about the National Autism Association of Southeastern Ohio at [www.naaseo.org](http://www.naaseo.org)

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**Registration Form**

October 5, 2013

PARTICIPANT'S LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip code \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Email Address \_\_\_\_\_  
Event: Walk Circle T-Shirt Size: Youth: S L Adult: S M L XL XXL Gender: M F  
Team Name / Corporation \_\_\_\_\_

Team Captain's Name \_\_\_\_\_ Team Captain's Phone \_\_\_\_\_

Donations by Check \_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_

**\*\*All registered team members will receive T-shirts. The first 250 walkers registered on the day of the walk will also receive T-shirts.**

**Race Waiver and Release**

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. **I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of the event, and hereby release and hold harmless and covenant not to file suit against the National Autism Association of Southeast Ohio its affiliates and any affiliated individuals, any race sponsors and their agents and employees, and all other persons or entities associated with this event (the releases) from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the release or otherwise.** If I do not follow the rules of this event, I understand that I may be removed from the competition. I give my full permission to Beyond the Limits and its affiliates and sponsors to use any photographs, videotapes, or other recordings of me that are made during the course of the event.

**I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.**

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

\_\_\_\_\_  
**Parent or Guardian's Signature if under age 18**  
**Unsigned Entry Forms Will Not Be Accepted**