

AUSTIN'S SHOES

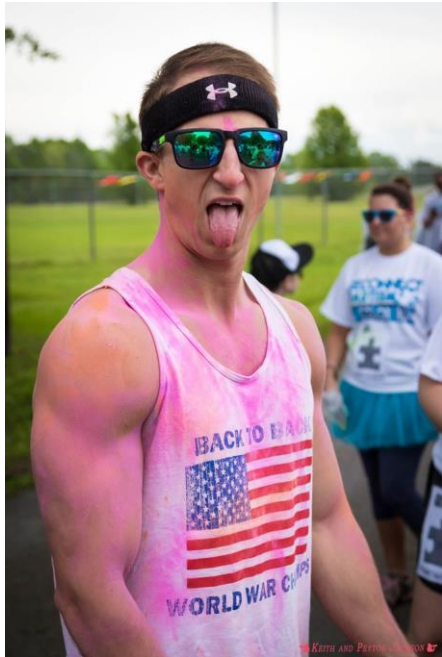
COLOR RUN

04/24/2021 | Corinth City Park

COLOR RUN

April 24th 2021

RECONNECT 4 AUTISM 5K



COLOR RUN



RACE GUIDE

CORINTH, MS

Welcome to the 5th Annual Reconnect4Autism Color Run!

Thanks to you and all of your newest 600+ friends for making the 5th Annual Color Run a huge success! We have made this race guide to help provide you with all the information you need to make your experience as FANTASTIC as possible!



PACKET PICK-UP

Location: CORINTH CITY PARK

Time: Friday April 23th
12pm-6pm

What's in the Packet?

- T-Shirt
- Race Bib
- Waiver
- Pre-Ordered Color

Come pick up a race packet for yourself. (photo id required) You will need to sign a waiver for yourself and any dependents that are in the race.

We strongly encourage you to pick up your packet prior to the race on the day listed to the left. If you are unable to make it, you can pick up your packet on race day. However, you will need to be there early and be prepared to wait in line. We'd hate to see you miss the prerace fun standing in line trying to get your packet. In case of RAIN we will continue. No refunds & no reschedule due to weather.

For Race Day / Sign Up or Pick-Up

Open at 8:00 am At the Pavilion Check-in

Items for Sale

We will have T-shirts, pictures, extra powder packs, Decals, Autism Awareness items, face painting, hand made crafts, jewelry, and food for sale on race day! (Bring cash) The store will be set up at the Start/Finish line.

Your main color pack will be picked up at the Finish Line. Additional Color Packs for runners can be purchased at any time!

RECONNECT4AUTISM.COM

RACE DAY—SATURDAY, APRIL 24TH

Location: Corinth City Park
309 South Parkway
Corinth MS 38834

Times: 7am Volunteer / Vendors
8am Registration and Pick-Up
8:40 Warm-up/National Anthem/Prayer at Main Stage
9am Color Run Starts!

Parking & Traffic

Please be aware that all parking will be on the backside of the Park from Droke Road Ball Fields. Please follow the direction of the parking attendants as you enter. Please no parking along the front of the park grounds around the walking track, main playground/pavilion areas for safety.

Registration/Food/Restrooms

BRING CASH FOR FOOD AND EXTRAS

Registration will be located at the main pavilion area marked by a Check-In Flag, all volunteers, vendors and participants need to report here first unless you picked up your packet on Friday then you are all set to enjoy the fun once you arrive. GG's Pizza and The Park will be selling concessions at their stands along with other vendors on hand. Part of the money collected will go to help our cause! Restrooms will be located at the office and the main pavilion near the event area. There will be 2 routes available. A 1 mile run/walk route will be located on the walking track. The 5K route will take place throughout the park grounds, ending the last mile on the walking track. Both will start and finish from the same area near the main entrance to the park, flags will clearly be posted to mark the Start and Finish. Be sure to hang around for the final unified color throw at the stage.



Color Throw—SATURDAY, APRIL 24TH

Color Packages

Each Runner will pick up a package of color for the final “color fest” as they come through the Finish line. Color Stations will be setup along the route of the race in order to help color-up the runners! As a group everyone will gather at the finish of the race as a finale we will release the waves of Color together and celebrate as one large group! Our DJ will lead in this unified toss!



Pictures/Media

Photographers will be present to take pictures throughout the race. Pictures will be available for sale on site as well as online afterwards. Everyone will sign a media release as part of the registration. We encourage everyone to take and post pictures of the event to help raise awareness for next year. Be sure to tag **#reconnect4autism** in all your Color Run post across social media!



Admission is **free**
to the after-party!



Invite your
friends & family
to join in the fun!

Reconnect 4 Autism Color Run Pick Up Waiver

Name Color Runner Printed

Gender

Shirt Size

ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THE ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL). I acknowledge that The Reconnect 4 Autism Color Run is a test of a person's physical and mental limits and it carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE COLOR RUN. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the competitive rules adopted by The Reconnect 4 Autism Color Run (b) I AGREE that prior to participating in an event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility, or area; (c) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOST AND/OR STOLEN ITEMS, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM THE EVENT, THE FOLLOWING PERSONS OR ENTITIES: The Reconnect 4 Autism Color Run, sponsors, race directors, employees, event owners, volunteers, all states, cities, counties, or localities in which events or segments of events are held, and the officers, directors, employees, representatives, volunteers, and agents of any of the above even if such claims, losses, or liabilities are caused by the negligent acts or omissions of the persons I am hereby releasing or are caused by the negligent acts of any other person or entity; (d) I ACKNOWLEDGE that there will be traffic on the course route, and I ASSUME THE RISKS OF RUNNING AND PARTICIPATING IN THIS EVENT. I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in this even including but not limited to falls, contact and/or crashes with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads and railroad crossings, water hazards, and any hazard that may be posed by spectators or volunteers all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned in paragraph (c) or other persons or entities; (e) I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH (c) for any of the claims, losses, or liabilities that I have waived, released or discharged herein; (f) I INDEMNIFY AND HOLD HARMLESS THE PERSONS AND ENTITIES MENTIONED IN PARAGRAPH (c) for any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to The Reconnect 4 Autism Color Run event; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in The Reconnect 4 Autism Color Run event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my likeness; (h) I UNDERSTAND and accept that my entry fee is non-refundable under any circumstance. I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

X

Signature

Date

I give permission for _____ to pick-up my race packet and T-shirt

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION

The undersigned _____ (parent/guardian) is the parent and natural or legal guardian of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to The Reconnect 4 Autism Color Run event. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for an on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: PARENT/GUARDIAN MUST ALSO SIGN ABOVE.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Relationship to Minor

Date

ART PROOF



START2FINISH
EVENT MANAGEMENT

7th Annual
AUTISM COLOR RUN
TEAM ROCKBUILT

RECONNECT 4 AUTISM 2021 Sponsorships

AUSTIN'S SHOES CORINTHIAN WHOLESALE FURNITURE 662-496-3000

CORINTH PARKS & RECREATION

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COMMERCIAL COUNTY BANK SOLUTIONS RX pepsi Coca-Cola

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Fervell's Home & Outdoor Inc. • Dodd Eye Clinic • Long Lewis Ford of Corinth • Malco Theatres

McDaniel-Whitley Inc. • officePRO • Elk's Lodge 2573 • Farm Bureau
Chesapeake • Tricia's Design Gallery • Gold Bond Pest Control, LLC
NAFA Auto • Medical Plaza Pharmacy • Animal's Choice Vet • Hills Auto Sales, Inc.

LAYOUT



FRONT

10"W x 7.9"H

PRINT DIMENSIONS

BACK

10.5"W x 9"H

ARTIST: KYLE NEBLETT
ORDER: 153126_Reconnect4Autism
DATE: 04.20.21

