

**Somerset North**  
**Sunday, April 30, 2017**  
**8:00 a.m.-11:00 a.m.**



## **Walk 4 Autism – What to Expect....**

We understand the more information you have going into a new experience or activity, the better your overall experience will be. This event is more than just a Walk event; it's an opportunity to truly celebrate our loved ones touched by autism. You can let your guard down, relax, and enjoy a family outing. If there is a meltdown or transitional issue, don't worry about what everyone is thinking, because we all "get it." Thank you for being active in improving the lives of those impacted by autism spectrum disorders.

Sincerely,

The Autism Society Oakland County Walk Planning Committee

### **The Day of the Walk**

One of the benefits of holding our event at the Somerset Collection is its' central location in Oakland County. The address is 2800 West Big Beaver, Troy, MI 48084 for your GPS. Parking will be available in the parking garage attached behind the North Building. Please plan to enter through that entrance for easiest access to our check-in area on Level One behind the Grand Court.

### **Arrival: Registration/Check-in will be held from 8:00-8:45 a.m.**

Proceed straight ahead from the central mall entrance from the parking structure behind Somerset Collection - North (by California Pizza Kitchen) towards the Grand Court.

Please check-in at the appropriate station:

- **On-site registration** - for people who have **not pre-registered online** for the walk. Please execute a release (see below) and bring it with you to the Walk, pay your walk fee and drop off any donations you have raised.
- **Check-in stations** Bringing in a donation for your team? Did you check "pay at the door" when you registered? Please visit our cashiers to give your donation or pay for the walk. We will accept cash, credit cards and checks.
  - Check-in for individual walkers and team names starting with A-H
  - Check-in for individual walkers and team names starting with I-P
  - Check-in for individual walkers and team names starting with O-Z

We will have soft ear plugs available at check-in/registration if you would like to use them to reduce the noise from the mall.

### **Tee shirts**

Over the years it has been fun to see how many teams design and wear their own tee shirts at the Walk. This year we are going to try something new as we had many tee shirts left over last year. This year ASOC tee shirts will be available on a first-come first-served basis. After you have checked in, you may pick up a shirt, as long as supplies last, regardless of when you register.



## Raffle

We will be selling raffle tickets for a chance to win 5 different items. The tickets are \$5 each or 5 for \$20, and may be bought with cash, check or credit card. There will be a sign telling you where you can purchase the tickets and boxes in front of each of the raffle items for you to choose from. You can choose which items to try to win by putting your tickets in the boxes of your choice.

Items to win this year will include:

- Package with 4 individual one-day park hopper passes to Disney World – total value \$648
- Signed framed photograph from the Red Wings official retirement of Red Wing great, Nicklas Lidström's number on 6 March 2014, in a pre-game ceremony at Joe Louis Arena - valued at \$240
- Kids Fun Package
- Sample basket of products and services from Microbusinesses at the Walk
- Dinner at Carrabba's – Novi for 4

## SCHEDULE OF EVENTS

**8-11 a.m.** Our registration area, craft area, item raffle, live music, micro-businesses, resource fair and sensory area are all on the first floor of Somerset North.

### Resource Fair and Microbusinesses

**Vendors** will be **offering information/resources and a family friendly activity** along the walking route.

**Microbusinesses operated by individuals with special needs will offer their products and services for sale.**

The vendors and microbusinesses will stop selling items by 10:45 a.m., so make sure you stop by before they close.

### Bring on the music!

Our Walk day tunes will be provided by **DJ Mikester**. The music will be kept at a reasonable level for those with hearing sensitivities, but will be a fun soundtrack for the Walk.

There will be ear plugs available at the registration area or you can bring what works for you.

### 8:55 a.m. National Anthem Sung by Laura Figliuolo

Laura is in 8<sup>th</sup> Grade at Pioneer Middle School in the Plymouth-Canton School District. She is 15 years old and has enjoyed growing up singing, acting and dancing at FAR Therapeutic Arts and Recreation. Laura's passion is music and she is so grateful to ASOC for the opportunity to perform!

### 9-9:15 a.m. –Warm-up and stretch

**Fuse 45 by Cycle and Row** will lead an (optional) adaptive warm-up and stretch from the stage in the Grand Court. They will use a microphone to give instructions so you can follow them even if you cannot see them.



## **9:15 a.m. – Walk begins**

The Walk will take place on the first floor of the Somerset Collection North **heading clockwise** from the Grand Court towards Macy's.

**Check out our special activity stations for extra fun during the Walk!**

### **In front of Macy's...make some music!**

Join the **FAR Therapeutic Arts and Recreation PHAT Beats Group** and explore the drum set and the world of drumming by setting a contemporary music vibe.

### **In front of Nordstrom...get creative!**

**The Art Experience** will be bringing items for a craft. You can stop by and make a craft whenever you are ready.

### **In front of the main mall entrance on Big Beaver...take a break!**

**The Therapy SPOT** is hosting a sensory experience.

### **Need a moment to unwind?**

A new treat this year for hard-working parents and professionals, **Body Works Chiropractic & Soft Tissue Center** will be providing free chair massages for adults.

### **Food and beverages**

**The North Face** will offer a bottled water station and we'll have FREE light snacks available (gluten and casein free) for all walk attendees. If you have a special dietary need, please feel free to bring a snack of your own.

### **10:15-11 a.m. - Recognition and Award Ceremony**

We will gather back in the Grand Court at 10:15am. If you are still visiting the vendors, microbusinesses or activity stations make sure you can hear the announcements we will be making from the stage or have someone from your group come to the Grand Court to hear the announcements for your group.

**Raffle winners** will be announced. Those with winning ticket numbers can go to the raffle table to claim their prize.

**CHANGE FOR AUTISM SCHOOLS AND BUSINESS PARTICIPANTS:** The **top four fundraising schools/businesses** participating in **Change for Autism** will receive a plaque. The school that raises the most money will win a party for the top 3 classrooms, with the food/drink of your choice covered by the Autism Society of Oakland County. All participating schools/businesses will receive a certificate of recognition.



WALK 4 AUTISM TEAMS: We will announce the **top 4 fundraising teams**. Each member of these 4 teams will receive a walk medal. All teams who raise \$100 or more will receive an Autism Society magnet. All teams will be announced and receive a team certificate of recognition.

We ask that all teams stop by our photo station near the stage for a team photo.

**Will there be photos taken?**

Yes! We can't wait to see all our wonderful walkers!! Photographers will be walking around and taking Team photos throughout the walk. Have a great time and smile on!

**Are pets allowed at the walk?**

Sorry, but pets are not allowed at the walk. The mall has strict rules regarding bringing pets inside.

**Are strollers and wheelchairs allowed at the Walk?**

Yes. Strollers, wheelchairs, and even wagons for the little ones are all welcome.

**Are bikes, rollerblades, scooters or skateboards allowed at the Walk?**

For everyone's safety, the mall does not allow any of these items.

See Release on Next Page.

**Autism Society Oakland County 2017 Walk 4 Autism  
RELEASE AND ASSUMPTION OF RISK**

For \_\_\_\_\_ (Participant name)

StreetAddress \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In consideration of being permitted to participate in and/or observe all or any part of the Program, including without limitation the use of facilities, equipment, grounds and/or personnel and any travel associated with the Program, Participant understands, acknowledges, agrees, represents and warrants that:

- (1) Voluntary Participation. Participation in and/or observation of all or any portion of the Program is voluntary and Participant may refuse to observe or participate at any time.
- (2) Assumption of Risk. Participation in and/or observation of the Program or any portion of the Program may involve risks of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.
- (3) Health and Safety. There are no health-related reasons or problems that preclude or restrict Participant from participating in the Program. If Participant is injured during the Program, Participant will report the injury to a Program representative and a representative of Oakland Autism Society, and any medical care needed as a result of such injury will be at Participant's expense. Autism Society Oakland County and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the Autism Society) are not obligated to attend to any of Participants medical or medication needs during the Program, and Participant assumes all risk and responsibility therefore. The Autism Society may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding Participant's health, safety and security.
- (4) Personal Responsibility. Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Program. The Autism Society does not guarantee Participant's safety or security during the Program. Participant agrees to abide by all rules, regulations, and policies of any organization, entity, person, or facility providing services to Participant during participation in the Program and Participant shall be solely responsible for any damages resulting from their failure to do so. Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Program. Participant will be responsible for asking questions to ensure safety and security during the Program, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Program. Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others.
- (5) Waiver and Release. Participant, individually and on behalf of Participant's family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever WAIVES, RELEASES, and DISCHARGES the Autism Society, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the Released Parties, of and from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANTS TRAVEL TO, FROM OR DURING THE PROGRAM, OR PARTICIPATION IN AND/OR OBSERVATION OF THE PROGRAM, DELAY, MODIFICATION, CURTAILMENT OR CANCELLATION OF THE PROGRAM FOR ANY REASON, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE AND PARTICIPANT CONSENTS TO, AND RELEASES ANY CLAIMS RELATED TO, THE AUTISM SOCIETY'S USE AND/OR REPRODUCTION OF ANY PHOTOGRAPH AND/OR LIKENESS OF PARTICIPANT IN AUTISM SOCIETY PUBLICATIONS OR OTHER AUTISM SOCIETY MEDIA, ADVERTISING MATERIALS, OR ILLUSTRATIONS.
- (6) Indemnity. Participant will INDEMNIFY, DEFEND and HOLD HARMLESS the Autism Society, The Forbes Company, Somerset Collection Limited Partnership, Frankel/Forbes; Cohen Associates, Somerset Collection Merchants Association/Somerset Collection Charitable Foundation, their subsidiaries and affiliates, all Shopping Center tenants and department stores, their agents and employees, from and against any liability, claims, demands, costs, expenses, property damage, personal injury, bodily injury or death (including attorney's fees), and causes of action of any kind arising out of or connected in whole or in part with Participant's use or occupancy of the premises designated for the Promotion or any act or omission of Participant, or of Participant's partners, agents, employees, customers, invitees, contractors or subcontractors, in connection with such use or occupancy. from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANTS ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE PROGRAM, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL.
- (7) Signature. Participant has carefully read and understands completely the above provisions and voluntarily signs this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to obtain Participant's signature. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Program. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby warrant and represent that I am the parent or legal guardian of the Participant. I am hereby providing permission for him/her to Participate in the Program, and agree to be responsible for his/her behavior during the Program. I have read, approved and agree to this Release and Assumption of Risk Agreement in its entirety on behalf of myself and for the Participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_