

2011 BUDDY WALK REGISTRATION FORM

YES, I want to be a BUDDY and walk to promote inclusion and acceptance of people with Down syndrome! I am proudly walking on behalf of:
In Honor of _____

Walker Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Team Name: _____
(if applicable)

Team Captain: _____

Registration Fee: _____ \$20 Individual Pre-registered _____ \$25 Individual Day-of Registration
_____ \$40 Family Pre-registered _____ \$50 Family Day-of Registration

List all T-Shirts Sizes: ___CS ___CM ___CL ___AS ___AM ___AL ___AXL ___2X ___3X

Given all T-Shirts: ___Yes ___No List all sizes still needed: _____

TOTAL AMOUNT: \$ _____
_____ Check enclosed made payable to DSOSN _____ CASH

CC # _____

Exp. _____ Code _____ Zip Code Billing Address of Card: _____

Name on Card: _____

Signature: _____

Waiver: In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, I hereby-for myself, my heirs and personal representatives-assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the DSOSN, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I grant full permission for the event organizers to use any photo, film or videotape taken of me or my minor child and/or quotations of me or my minor child in legitimate accounts and promotions of this event.

Signed _____ Date _____

Parent/Guardian Signature
if participant is under age 18 _____