

Buddy Walk® Registration Form

Family/ Walker's Name _____

Street Address _____

City, State, Zip _____

Daytime Phone _____

E-Mail Address _____

Raise a minimum of \$50 per family and receive an official Buddy Walk t-shirt for every family member up to five t-shirts.

Please list all walkers' names below:

Walker #1: _____

Walker #2: _____

Walker #3: _____

Walker #4: _____

Walker #5: _____

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 Down Syndrome Awareness Group of East Tennessee and the National Down Syndrome Society, 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 also authorize the use of DSAG and NDSS of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature

Date

This registration is not valid unless signed

Pledge Total Raised \$ _____

I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome.

Amount \$ _____

Check enclosed (payable to DSAG)

Please charge my credit card:

Visa

MasterCard

Account number _____

Expiration Date _____

Signature _____