

2024 BUDDY WALK® - ONSITE REGISTRATION FORM

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ E-mail: _____

Child/Team you are walking for: _____

COMPLETE SEPARATE REGISTRATION FORM for each walker/participant/family member
(You may write one check for total registration fee & attach to completed registration forms)

Registration Fee: *T-shirts are only guaranteed for those that are pre-registered.*

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Registration fee - \$20.00 (per walker)
(Indicate t-shirt size below) | \$ _____ |
| <input type="checkbox"/> | Individual w/Down syndrome - Free | \$ <u>0.00</u> |
| <input type="checkbox"/> | Donation Your donation is tax-deductible. DSAA is a non-profit 501(c)(3) organization | \$ _____ |
| | Total Registration fee enclosed (make check payable to DSAA) | \$ _____ |

Youth: YXS YS YM YL

Adult: S M L XL XXL XXXL

WAIVER AND RELEASE OF LIABILITY

Waiver: In consideration of me and/or my minor child(ren) being permitted to participate in all Buddy Walk® activities, 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 National Down Syndrome Society, Parc International, Down Syndrome Association of Acadiana (DSAA), their 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(ren) as a result of taking part in the Buddy Walk® event and any related activities. I also authorize and release DSAA to use any photo, film, or videotape taken of me or my minor child(ren) at the event for any purpose and by signing, authorize such use and acknowledge DSAA's ownership of same. Additionally, if your shirt and packet(s) are not picked up from DSAA's office within 14 days of this event, they will become the property of DSAA and may be donated.

Signature X _____
(Parent/Guardian's signature if participant is under age 18)

Date: October 26, 2024

DSAA use only: Amount: _____ Check #: _____ Cash: _____ Credit Card: _____

Payment received by: