Omaha Step Up for Down Syndrome Walk & Family Festival

Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/omahastepup.

Registration form must be received by **September 9th** to be guaranteed a T-shirt.

**Primary Registrant or Donor Information**

First Name or Company Name: ______________________________________ Last Name: _______________________
Street Address: ____________________________________________________________________________________
City: __________________________________ State: _______ Zip: ________ Phone: ___________________________
Email Address: ____________________________________________________________________________________

**Additional Registrants**

First Name: ______________________ Last Name: _______________________ Email: ________________________
First Name: ______________________ Last Name: _______________________ Email: ________________________
First Name: ______________________ Last Name: _______________________ Email: ________________________
First Name: ______________________ Last Name: _______________________ Email: ________________________

**Select Your Registration Type(s):**

Walk Registration (all ages) - Walk virtually or at Werner Park, **does not include t-shirt**

Individually with Down syndrome - **Includes t-shirt**

Select Your Shirt Size(s):  
*Individuals with DS only

6 MO ONESIE  _______
12 MO ONESIE  _______
18 MO ONESIE  _______
2T  _______
3T  _______
4T  _______

**Select Any Additional Items:**

Walk in a Box: $ 15.00 x ______

Host your friends and family at your home, a park, or playground. Box includes:

10 - Pom poms
10 - “I walk for signs” and markers
10 - Pre-packaged snacks
10 - Bottles of water
12 – Temporary DS awareness tattoos
10 – DS awareness bracelets
10 – DSA Koozies

YOUTH XS  _______
YOUTH S  _______
YOUTH M  _______
YOUTH L  _______
YOUTH XL  _______

ADULT S  _______
ADULT M  _______
ADULT L  _______
ADULT XL  _______
ADULT 2XL  _______
ADULT 3XL  _______
Select Additional T-Shirts for Purchase:

Children’s Sizes: $10.00 x _______  Adult Sizes: $20.00 x _______

6 MO ONESIE _______  ADULT S _______
12 MO ONESIE _______  ADULT M _______
18 MO ONESIE _______  ADULT L _______
2T _______  ADULT XL _______
3T _______  ADULT 2XL _______
4T _______  ADULT 3XL _______

YOUTH XS _______  Optional Donation: $ _________
YOUTH S _______  Total: $ _________
YOUTH M _______  
YOUTH L _______
YOUTH XL _______

If you are starting a team, please specify team name: ____________________________
If you are joining a team, please specify team name: ____________________________

If you are a team captain, please select one of the following:
☐ Our team plans to attend walk at Werner Park
☐ Our team will walk on 10/03 from another location
☐ Our team will walk on date and location to be determined
☐ Our team will fundraise only, no walk planned

Waiver
I hereby waive any and all claims against the Down Syndrome Alliance of the Midlands (the “Organization”), its officers, directors, employees, agents, contractors, and personnel, in addition to any sponsors, vendors, and volunteers at the Event for any injury that I or any family member for whom I am signing on their behalf (“Family Member”) may suffer from attending or participating in the Down Syndrome Alliance of the Midlands’ Omaha Step Up for Down Syndrome Walk & Family Festival (the “Event”), including, without limitation, the activities that I or my Family Member may choose to participate in at the Event; these activities include, without limitation, bounce houses, obstacle courses, crafts/sports games, or any other activity offered at the Event. I attest that I and my Family Members are physically fit and prepared for this Event. I further understand that all attendees, parents, and any Family Members are ultimately responsible for their own/their family’s health and safety. I grant full permission for organizers to use photographs, videos and quotations of me and my Family Member in legitimate Organization social media accounts and promotions of this Event.

I further acknowledge that such Event is occurring during a global pandemic as declared by the World Health Organization as a result of the spread of COVID-19. I further acknowledge and agree that if I or any Family Member, if applicable, are: displaying any symptoms of COVID-19; have been exposed to any individual with an actual or suspected case of COVID-19 within the two weeks prior to the Event; or have had a positive COVID-19 test within the two weeks prior to the Event, that I and any such Family member will not attend the Event. I further acknowledge and agree that I and any Family Members attending the Event or participating in any activities at the event will adhere to and follow the current recommendations from the U.S. Centers for Disease Control and Prevention and the Sarpy/Cass Health Department to help minimize the potential spread of COVID-19; such actions shall include, but not be limited to, maintaining at least six (6) feet of distance from individuals that do not reside in my household, covering my mouth and nose with a cloth face cover (e.g., facemask), covering coughs and sneezes, and, as appropriate, using hand sanitizer or soap and warm water to disinfect my hands.
By agreeing to this waiver by clicking the box below, I acknowledge the terms and conditions of this waiver and agree to be bound by such terms and conditions for myself and all family members included on this registration.

_______________________  ______   ___________________________________  ______
Signature (if 18 or older)   Date   Parent or Guardian signature (if less than 18)    Date

Please send this form, along with a check made payable to Down Syndrome Alliance of the Midlands to:

Down Syndrome Alliance of the Midlands
6001 Dodge Street
CEC 117B
Omaha, NE 68182