Step Up 4 Down Syndrome Walk Volunteer Waiver

In consideration of me and/or my minor child being permitted to participate in the Step Up 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 DSF of SENM, its officers, employees, sponsors, organizers, volunteers or other representatives of 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 related activities. I also authorize the use by DSF of SENM of any photo, film or videotape taken of me and/or my minor child at the event for any purpose.

Date	Name	Signature