



## Buddy Walk of the Valley® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at [www.ds-stride.org/dsavbuddywalk](http://www.ds-stride.org/dsavbuddywalk).  
**Return this form by 8/26 to guarantee a t-shirt.**

### Primary Registrant or Donor Information

First Name or Company Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

### Additional Registrants

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

### Select Your Registration Type:

Registration \$13.00 x \_\_\_\_\_

If you are starting a team, please specify team name: \_\_\_\_\_

If you are joining a team, please specify team name: \_\_\_\_\_

Optional donation amount (enclosed): \_\_\_\_\_

### Waiver

I hereby waive all claims against the Down Syndrome Association of the Valley sponsors, vendors, volunteers and any personnel for any injury that I or my family member might suffer from this event. I attest that I and my family members are physically fit and prepared for this event. I understand that DSAV will do the best they can to provide a safe environment, ultimately this is the responsibility of the attendee(s).. I grant full permission for organizers to use photographs, videos and quotations of me and my family member in legitimate accounts and promotions of this event.

Please sign below to agree to waiver for all listed. Date

\_\_\_\_\_

### Total of each Shirt Size(s):

2T \_\_\_\_\_

3T \_\_\_\_\_

4T \_\_\_\_\_

YOUTH S \_\_\_\_\_

YOUTH M \_\_\_\_\_

YOUTH L \_\_\_\_\_

ADULT S \_\_\_\_\_

ADULT M \_\_\_\_\_

ADULT L \_\_\_\_\_

ADULT XL \_\_\_\_\_

ADULT 2XL \_\_\_\_\_ (+\$2.00)

ADULT 3XL \_\_\_\_\_ (+\$2.00)

Optional Donation: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Please send this form, along with a check made payable to **Down Syndrome Association of the Valley** to:

**DSAV**  
**945 Boardman Canfield Road, Suite 12**  
**Boardman, OH 44512**