



Step Up for Down Syndrome Walk

Sunday, October 13, 2019

William Land Park, Village Green



Step Up for Down syndrome Walk Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/dsiastepup.
Registration form must be received by **September 13th** 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):

Early Bird Child – 11 and under (through 7/13): Includes t-shirt \$ 10.00 x _____

Early Bird Adult – 12 and over (through 7/13): Includes t-shirt \$ 15.00 x _____

Child – 11 and under (7/14-9/13): Includes t-shirt \$ 15.00 x _____

Adult – 12 and over (7/14-9/13): Includes t-shirt \$ 20.00 x _____

Late Child – 11 and under (after 9/13): DOES NOT include t-shirt \$ 20.00 x _____

Late Adult – 12 and over (after 9/13): DOES NOT include t-shirt \$ 25.00 x _____

Select Your Shirt Size(s):

2T _____

3T _____

4T _____

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

YOUTH XL _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL _____

ADULT 3XL _____

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

In consideration of the acceptance of this release or of my being permitted to take part in this activity, I, for myself, my heirs, executors, administrators, successors and assigns, do waive, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which hereafter accrue to me as a result of my participation in this activity. I understand this release is intended to discharge and release in advance the Down Syndrome Information Alliance, any respective agents, employees, servants and representatives from and against any and all liability arising out of or connected in any way with my participation in this activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents can occur during and that participants in events such as the Step Up for Down Syndrome Walk and 3.21 Run occasionally sustain serious personal injury, death and/or property damage as a consequence of that participation. Nevertheless, knowing the risks of these activities, I for myself, my heirs, executors, administrators, successors and assigns, do hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through their negligence or carelessness, might otherwise be liable to me for damages.

I also state that I am hereby in healthy physical condition to participate in this event.

By registration, I have read, understand, and agree to this Release of Liability Agreement.

By selecting multiple registration and/or family registration you are agreeing to the liability waiver for all participants that you are registering.

Signature (if 18 or older) Date _____ Date
Parent or Guardian signature (if less than 18)

Please send this form, along with a check made payable to **Down Syndrome Information Alliance** to:

5098 Foothills Blvd.
Suite 3-464
Roseville, CA 95747
Attn: Heather Scott