



A WALK FOR DOWN SYNDROME

Presented By:



Team Name _____

Team Captain _____

Or check here ___ Individual(s) without a team

Street _____

City, State, Zip _____

Name	T-Shirt Size

Phone _____

Email _____

PLEASE LIST ALL WALKERS/RIDERS/CARAVAN PARTICIPANTS

_____ \$ Enclosed is a check or money order for registration fee x # of walkers (@\$20)

_____ \$ Cannot attend, but am enclosing a donation to support GCDSO

_____ Please find employer matching funds form enclosed

To pay by credit card or register online, <https://www.ds-stride.org/downrightextraordinary> or call 561.752.3383

T-Shirts are not guaranteed if registrations are received later than October 5, 2021.

I hereby waive any and all claims, **including but not limited to, any claims based or sounding in tort (including but not limited to, battery, failure to warn, strict liability), contract, warranty (express or implied) or otherwise**, against **Gold Coast Down Syndrome** (the "Organization"), its officers, directors, employees, agents, contractors, and personnel, in addition to any sponsors, vendors, and volunteers at the Event for any injury, **disease, infection, or other health condition**, that I or any family member for whom I am signing on their behalf ("Family Member") may suffer **or contract as a result of** attending or participating in the Gold Coast Down Syndrome DownRight ExtraOrdinary Walk for Down Syndrome (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, **interaction with or exposure to the officers, directors, employees, agents, contractors, personnel, sponsors, vendors, and volunteers of the Organization, as well as, without limitation, use of** 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

Date

Please return form to GCDSO 915 S. Federal Highway, Boynton Beach, FL 33435

For more Information contact: 561.752.3383

info@goldcoastdownsyndrome.org

Or visit <https://www.ds-stride.org/downrightextraordinary>

DownRight ExtraOrdinary Walk proceeds benefit the Gold Coast Down Syndrome Organization.

Florida Department of Agriculture & Consumer Services registration number: **CH9978** A COPY OF THE OFFICIAL REGISTRATION AND

 FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OR AT THEIR WEBSITE <http://www.freshfromflorida.com/>. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR

RECOMMENDATION BY THE STATE. 100% of the proceeds of your donation benefit Gold Coast Down Syndrome Organization.

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