



**Drive-Thru for
Down Syndrome**

**KNOXVILLE
BUDDYWALK®**

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE

**11-1-2020
World's
Fair Park
1-4 pm**

Knoxville Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/knoxvillebuddywalk. Please register by October 15th to receive 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):

Registration with t-shirt (After 7/31) \$ 10.00 x _____

Registration w/o t-shirt \$ Free x _____

Individuals with Down syndrome Includes free t-shirt \$ Free x _____

Select Your Shirt Size(s):

YOUTH XS _____

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: \$ _____

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 Awareness Group of East Tennessee, sponsors, vendors, volunteers, and any personnel for any injury that my family members or I might suffer from this event. I attest that my family members and I are physically fit and prepared for this event. I understand that the Down Syndrome Awareness Group of East Tennessee will do the best it can to provide an environment that is safe for all, but attendees/parents are ultimately responsible for their own/their family's health and safety. If I or my family member feel sick or have COVID-19, we will not attend the event. I grant full permission for organizers to use photographs, videos and quotations of me and my family members in legitimate accounts and promotions of this event.

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 Awareness Group of East Tennessee** to:

Down Syndrome Awareness Group of East Tennessee
P.O. Box 53575
Knoxville, TN 37950