



# Knoxville Buddy Walk®

World's Fair Park  
Sunday, November 4, 2018



## 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](http://www.ds-stride.org/knoxvillebuddywalk).

### 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 \$ 10.00 x \_\_\_\_\_

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

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

### 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 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 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.

\_\_\_\_\_  
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