

BUDDY WALK® PRE-REGISTRATION FORM

12 noon-3pm, Sunday, October 8, 2017 • Depot Market Square

PLEASE PRINT CLEARLY

Contact Name

Team or Company Name (if applicable)

Street Address

City State Zip

Email Address

Phone Number

Name & age of person with Down syndrome you're walking in honor of

Persons w/ Down syndrome:	_____ (FREE)
Children 5 and under:	_____ (FREE)
Adult registrations:	\$20x _____ = _____ <i>(Ages 13 and older)</i>
Child registrations:	\$15 x _____ = _____ <i>(Ages 6-12)</i>
Lunch only:	\$11 x _____ = _____
I wish to make an additional donation:	\$ _____
GRAND TOTAL: \$ _____	

Please make checks payable to:
"The Arc of Whatcom County"

Your donation is tax-deductible.

DsO is a program of The Arc of Whatcom County, a 501(c)3 Organization (Federal Tax ID #311579359).

WHETHER YOU ARE REGISTERING YOURSELF, A FAMILY OR MULTIPLE INDIVIDUALS, ALL PARTICIPANTS AGREE TO THE FOLLOWING WAIVER:

In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, I hereby – for myself, my heirs and personal representatives – assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Down syndrome Outreach, its officers, employees, or their successors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and related activities. I also authorize the use by The Arc and NDSS of any photo, film, or video taken of me or my minor child for any purpose.

Signature (THIS REGISTRATION IS NOT VALID UNLESS SIGNED.)

Date

Return completed form with payment to The Arc of Whatcom County, Attn: Buddy Walk, 2602 McLeod Rd, Bellingham, WA 98225. Thank you!

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