

BUDDY WALK® REGISTRATION FORM

12 noon-3pm, Sunday, October 7, 2018 • Depot Market Square

**T-shirts are ONLY guaranteed
with a registration completed by
September 14th.**

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

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

I understand that I am voluntarily participating in the Buddy Walk at my own risk and my own request. In consideration of me and/or my minor child, including any team members I have registered, 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, The Arc of Whatcom County (The Arc), National Down syndrome Society (NDSS), 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, my minor child, and team members for any purpose.

Signature

(THIS REGISTRATION IS NOT VALID UNLESS SIGNED.)

Date

See reverse side for Participant Info & T-Shirt Sizing. Each Registration before September 14th includes a T-Shirt.

Persons w/ Down syndrome: _____ (FREE)

Children 5 and under: _____ (FREE)

Adult registrations: (Ages 13 and older)

Registered by Sept 14 \$15 x _____ = _____

Registered after Sept 14 \$20 x _____ = _____

Child registrations: (Ages 6-12)

Registered by Sept 14 \$10 x _____ = _____

Registered after Sept 14 \$15 x _____ = _____

Extra t-shirts: *Only available if
registered by Sept 14*

\$10 x _____ = _____

Women's sizing fee:
(Additional \$5 per women's cut shirt)
Only available if registered by Sept 14

\$5 x _____ = _____

I wish to make an additional donations: \$ _____
to Down syndrome Outreach & Buddy Walk

GRAND TOTAL: \$ _____

****Optional****

I would like to apply for a scholarship.

Amount requested \$ _____

To receive a scholarship, you must apply by September 14th. Please fill out the registration form with all of your team member and participant information. Scholarship requests will be reviewed following September 14th and you will be notified by the end of September.

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).*

