Lowcountry Down Syndrome Society
BUDDY WALK REGISTRATION

Please complete this form and mail, with a check payable to **LOWCOUNTRY DOWN SYNDROME SOCIETY** , to: 322 St. John's Road, Guyton, Ga. 31312– before September 23 , 2011. Registrations will also be accepted on the day of the event (October 1, 2011).

Walker's Name_____
Company/Team Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

Walk Begins at 10:30 AM
on October 1, 2011
in
FORSYTH PARK!!

☐ Adult/Child Registration - *$ 12.00 per person*
☐ Family Registration (Up to 2 parents & 2 children) - *$40.00*
☐ Additional Children 18 and Under - *$8.00*

All registration fees include *Buddy Walk T-shirt for each walker, Meal ticket, and access to all of the day's events*. Please list the name of each walker and place an "**X**" under the t-shirt size.

Name of Walker	Youth XS	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult XXL

☐ I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome:
☐ ***$10*** ☐ ***$20*** ☐ ***$50*** ☐ ***Other ____***

Would you like to become a member of LDSS? (circle one) yes no

What is your interest in LDSS? _____

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 *Lowcountry Down Syndrome Society*, its officers, employees, sponsors, 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 any related activities. I also authorize the use by *Lowcountry Down Syndrome Society* of any photo, film or videotape taken of me or my minor child at the event for any purpose.

*1st Adult Signature*_____ *2nd Adult Signature (if applicable)* _____

Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED.