



Sharing Down Syndrome Arizona, Inc.  
 745 N. Gilbert Rd. #124 PMB 273  
 Gilbert, AZ 85234  
 (480) 926-6500  
<http://www.sharingds.org>



# Buddy Walk Registration

Each attendee must fill out a form

Walker Last Name: \_\_\_\_\_

Walker First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Total Collected: \_\_\_\_\_

Are you over 18 Years Old?  Yes  No

*Must have parent/guardian consent if under 18 or as required by law*

I would like to become a Sharing volunteer.

Please add me to your newsletter mailing list.

My company has matching funds.  
 Attached is a matching gift form.

I cannot participate in the walk, please accept  
 my donation to support inclusion and acceptance  
 of people with Down syndrome:

\$20  \$40  \$50  \$100

Other \_\_\_\_\_

Team Name: \_\_\_\_\_

We accept MasterCard, Visa, American Express  
 and Discover Cards.

CC #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please feel free to make copies of this form as needed*

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

Name	_____
Phone Number	_____
Donation	_____

T-Shirt orders must be submitted no later than September 29th, 2009			
Shirt Orders	Quantity	Unit Price	Total
Kids 2T		\$10.00	
Kids 3T		\$10.00	
Kids 4T		\$10.00	
Kids S		\$10.00	
Kids M		\$10.00	
Kids L		\$10.00	
Adult M		\$10.00	
Adult L		\$10.00	
Adult XL		\$10.00	
Adult 2XL		\$12.00	
Adult 3XL		\$12.00	
Adult 4XL		\$12.00	
<b>TOTAL</b>			\$

## WAIVER OF LIABILITY

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER AGE 18 OR AS REQUIRED BY LAW

In consideration of me and/or my minor child or children being permitted to participate in the Buddy Walk of Sharing Down Syndrome Arizona, I hereby, for myself, my minor child or children participating, my/our 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 Sharing Down Syndrome Arizona (SDSA) or the National Down Syndrome Society (NDSS), or their respective 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 child as a result of taking part in the events and any related activities.

I attest that I and/or my minor child or children are physically fit and prepared for this event. I also authorize the use by the NDSS and SDSA of any photo, film, or videotape taken of me or my minor child or children at the event for any purpose.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

YOU CAN ALSO REGISTER ONLINE AT [WWW.SHARINGDS.ORG](http://WWW.SHARINGDS.ORG)