



# Buddy Walk 2017 ~ Registration Form

**When:** Sunday, October 1, 2017  
**Where:** Gallup Park ~ 3000 Fuller Rd, Ann Arbor, MI 48105  
**Time:** Registration ~ 1:30pm, Walk Begins ~ 3pm



**Please note that online registration is available this year.  
Go to [www.firstgiving.com/dsst/BuddyWalk2017](http://www.firstgiving.com/dsst/BuddyWalk2017) to register  
and set up your fundraising page!**

If you prefer to register by mail, please complete this form and mail, with a check payable to **DSST**, to **9227 Fieldstone Lane, Saline, MI 48176** by **August 23rd, 2016**. Pre-registration is preferred, however, registration will also be accepted the day of the event. T-shirts are not guaranteed after 8/23/16.

Walker's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Total # of Walkers \_\_\_\_\_

- Individual Registration - \$25
- Family Registration (2 adults & related children) - \$45

**Please indicate shirt sizes and quantity (one per walker please)**

Youth T-shirt sizes: XS(2-4) \_\_\_\_\_ S(6-8) \_\_\_\_\_ M(10-12) \_\_\_\_\_ L(14-16) \_\_\_\_\_

Adult T-shirt sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

- I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome:
- \$25       \$50       \$75       Other \_\_\_\_\_

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 *the Down Syndrome Support Team*, 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 *the Down Syndrome Support Team* of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS REGISTRATION IS NOT VALID UNLESS SIGNED.