Lowcountry Down Syndrome Society BUDDY WALK REGISTRATION

Please complete this form and mail, with a check payable to <u>LOWCOUNTRY DOWN SYNDROME</u> <u>SOCIETY</u>, to: 322 St. John's Road, Guyton, Ga. 31312– before October 2, 2017. Registrations will also be accepted on the day of the event (October 7, 2017).





Walker's Name Company/Team Name Street Address City State Zip Phone E-Mail							Walk Begins at 10:00 AM on October 7, 2017 in FORSYTH PARK!!			
☐ Adult/Child Re☐ Family Registre ☐ Additio	ation (Up	to 2 pares	nts & 2 cl	nildren) -	\$50.00					
All registration fees include <i>Buddy Walk T-shirt for each walker</i> , <i>Meal ticket</i> , <i>and access to all of the day's events</i> . 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	Adult XXXL
☐ 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	? (circl	e one)	yes 1	no			
What is your interest in LDSS?										
Waiver: In consider hereby—for myself with the event. I further society, its officers and assigns, for an child as a result of Down Syndrome Supurpose.	, my heirs arther wai s, employ and all taking pa	s and pers we, releas ees, spons injuries o rt in the e	onal repro e, dischar sors, orga r damages events and	esentative ge and co nizers, vo s of any k l any relat	s—assume evenant no elunteers of ind whats and activit	any and a ot to sue <i>L</i> or other resource suffices. I also	all risks vowcount presentate fered by authoriz	which mi ry Down rives or the myself are the use	ght be as Syndrom heir succend/or my by Lowe	sociated ne essors minor country
1 st Adult Signature Signature (if applicable)										
signature				(ij ap	рисавіе)					
Date		THIS R	EGISTRAT	TION IS NO	T VALID U	NLESS SIG	NED.			