10.08.16

REGISTRATION

1 FILL IN CONTACT INFORMATION.

First Name ..... Last Name ..... Gender (M/F) ..... Age .....

Street Address ..... City ..... State ..... Zip Code .....

Phone Number ..... Email Address .....

Emergency Contact ..... Emergency Contact Phone .....

Phone # ..... Fax # ..... Email .....

2 FILL IN PARTICIPANT/S INFORMATION.

SELECT IF YOU ARE REGISTERING AS AN INDIVIDUAL OR FAMILY:

☐ INDIVIDUAL - $20 ☐ VIRTUAL WALKER - $20 ☐ *FAMILY - $60

CIRCLE YOUR SHIRT SIZE:

YXS YS YM YL S M L XL XXL

* IF REGISTERING AS A FAMILY, THERE IS A MAX OF 4 INCLUDING YOURSELF. ANY ADDITIONAL FAMILY MEMBERS WILL BE AN ADDITIONAL $10.

BUDDY'S NAME : .....

(PERSON WITH DOWN SYNDROME WHOM YOU ARE WALKING IN HONOR OF)

IF REGISTERING AS A FAMILY, FILL OUT THE FIELDS BELOW FOR EACH ADDITIONAL FAMILY MEMBER:

FAMILY MEMBER #2 - FIRST & LAST NAME : .....

FAMILY MEMBER #2 - T-SHIRT SIZE: YXS YS YM YL S M L XL XXL

FAMILY MEMBER #3 - FIRST & LAST NAME : .....

FAMILY MEMBER #3 - T-SHIRT SIZE: YXS YS YM YL S M L XL XXL

FAMILY MEMBER #4 - FIRST & LAST NAME: .....

FAMILY MEMBER #4 - T-SHIRT SIZE: YXS YS YM YL S M L XL XXL

(+$10) FAMILY MEMBER #5 - FIRST & LAST NAME : .....

FAMILY MEMBER #5 - T-SHIRT SIZE: YXS YS YM YL S M L XL XXL

(+$10) FAMILY MEMBER #6 - FIRST & LAST NAME: .....

FAMILY MEMBER #6 - T-SHIRT SIZE: YXS YS YM YL S M L XL XXL

3 PAYMENT

Please make checks payable to: CMDSS and mail to: Central Mississippi Down Syndrome Society
P.O. Box 935
Jackson, MS 39205

4 WAIVER OF LIABILITY WALK RELEASE

IN ORDER TO PARTICIPATE, YOU MUST ACCEPT THE TERMS OF THE RACE WAIVER BELOW. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU ACCEPT AND UNDERSTAND THE TERMS STATED BELOW.

This waiver must be included with registration. Registration is not valid unless signed. I, the undersigned, assume any and all risks that might be associated with the Buddy Walk. I further waive, release and discharge the NDSS and/or Central Mississippi Down Syndrome Society, their officers, board members, sponsors, organizers, volunteers and other representatives of this event, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child(ren) as a result of taking part in the Buddy Walk or related activity. I authorize the NDSS and/or CMDSS the use of any photo, film or videotape taken of me or my minor child(ren) at the event for the purpose of the CMDSS or Buddy Walk.

Registrant Printed Name	Registrant Signature	Date

IF UNDER THE AGE OF 21, YOU MUST HAVE A PARENT/GUARDIAN SIGNATURE BELOW TO ACKNOWLEDGE AGREEMENT OF THE TERMS STATED ABOVE.

Parent/Guardian Printed Name	Parent/Guardian Registrant Signature	Date