



14th Annual DSAA BUDDY WALK®

October 27, 2018 • Parc International • Lafayette, LA

(337) 234-3109 • www.dsaa.info • dsaa@dsaa.info

P. O. Box 81323 • Lafayette, LA 70598-1323

Registration Form

Mail (or register online) this form along with your registration fee **no later than noon October 17, 2018** to be guaranteed a t-shirt. Registration and pledge forms are available by download at our web site www.dsaa.info or by calling DSAA at (337) 234-3109.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ E-mail: _____

Child/Team you are walking for: _____

Add me to the DSAA e-mail list Add me to the DSAA mailing list Call me to volunteer with the event

COMPLETE SEPARATE REGISTRATION FORM for each walker/participant/family member

(You may write one check for total registration fee and attach to completed registration forms)

Registration Fee: (*Walker receives a t-shirt, goodie bag, lunch and participation in all festivities*)

Registration fee - \$15.00 (per walker) \$ _____
(Indicate t-shirt size below)

Individual w/Down syndrome - Free \$ 00.00
(Indicate t-shirt size below)

Total Registration fee enclosed \$ _____

Youth: YXS YS YM YL

Adult: S M L XL XXL XXXL

I am unable to participate in the walk, please accept my donation to support inclusion and acceptance of people with Down syndrome. *Your donation is tax-deductible. DSAA is a non-profit 501 (c) (3) organization.*

\$25 \$50 \$100 Other \$ _____

WAIVER AND RELEASE OF LIABILITY

Waiver: In consideration of me and/or my minor child(ren) being permitted to participate in all Buddy Walk® activities, 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 National Down Syndrome Society, Parc International, Down Syndrome Association of Acadiana (DSAA), their 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(ren) as a result of taking part in the Buddy Walk® event and any related activities. I also authorize and release DSAA to use any photo, film, or videotape taken of me or my minor child(ren) at the event for any purpose and by signing, authorize such use and acknowledge DSAA's ownership of same.

Signature X _____

REGISTRATION IS NOT VALID UNLESS SIGNED BY AN ADULT REGISTERING ON THIS FORM.

Make checks payable to DSAA and mail to: DSAA/ Buddy Walk, P. O. Box 81323, Lafayette, LA 70598-1323

You can also register and pledge on-line by credit card at:

<https://dsaa.donordrive.com/acadianabw2018>

~~~~~ **NO PETS ALLOWED!** ~~~~~