

Walk for Down Syndrome Registration

Each attendee must fill out a form



Sharing Down Syndrome Arizona Inc.
745 N. Gilbert Rd. # 124 PMB 273
Gilbert, AZ 85234
(480) 926.6500
<http://www.sharingds.org>

Walker Last Name: _____

Walker First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____ Total Collected: _____

Date of Birth: _____ / _____ / _____ Team Name: _____

Must have parent/guardian consent if under the age of 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 would like to donate the sum of \$ _____
SDSA accepts Discover Card, Mastercard, and Visa.

- I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome:
- \$20 \$40 \$50 \$100 Other _____
- One-Time Donation Monthly Donation
- Credit Card #: _____
Expiration: _____ Security Code: _____
Signature: _____

Please feel free to make copies of this form as needed

Address		
Phone Number	Donation	
Address		
Phone Number	Donation	
Address		
Phone Number	Donation	
Address		
Phone Number	Donation	
Address		
Phone Number	Donation	

T-SHIRT ORDERS			
Shirt Orders	Quantity	Unit Price	Total
Kids 2T		\$12.00	
Kids 3T		\$12.00	
Kids 4T		\$12.00	
Youth S		\$12.00	
Youth M		\$12.00	
Youth L		\$12.00	
Adult M		\$12.00	
Adult L		\$12.00	
Adult XL		\$14.00	
Adult 2XL		\$14.00	
Adult 3XL		\$14.00	
TOTAL			\$

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 Walk for Down Syndrome (formerly 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 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 Sharing Down Syndrome Arizona 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