



# Living Life Wonderfully Made BUDDY WALK®

June 27,2020 • Mill Race Park • Parsons, WV

**Registration Form**

Mail this form along with your registration fee no later **April 15,2020** to be guaranteed a t-shirt.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Your email: \_\_\_\_\_ **Child/Team you are walking for:** \_\_\_\_\_ Add

Would you like me to add you to the **Living Life Wonderfully Made** mailing list? \_\_\_\_\_

**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 - \$20.00 for a group of 5 (single is \$10.00 Per Person) \$ \_\_\_\_\_

(Indicate t-shirt size below)

Individual w/Down syndrome - Free \$ 00.00

(Indicate t-shirt size below)

**Total Registration fee enclosed** \$ \_\_\_\_\_

Registration above includes a t-shirt, according to type checked. Please indicate t-shirt size below:

**Youth: YXS YS YM YL**

**Adult: S M L XL XXL XXXL( plus \$2.00)**

**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 [Parties involved with Walk], 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 [Org name] 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 [Org name's] ownership of same.

Signature X \_\_\_\_\_

Make checks payable to TCFRN - Buddy Walk and mail to:

**ATTN: Heather Kisamore / April Miller**

**Tucker County Family Resource Network**

**100 Education Lane**

**Parsons, WV 2628**

