



# 2018 Ups of Downs Buddy Walk®

Email: [upsodownblackhills1@gmail.com](mailto:upsodownblackhills1@gmail.com)

Please complete this form - make checks payable to Ups of Downs and mail by September 1, 2018 to: Ups of Downs - PO Box 9005 - Rapid City, SD 57709.

By mailing prior to September 1, 2018 you will be **pre-registered** and **will not** need to register again the day of the walk on **September 15, 2018**. Registration includes the walk, lunch, t-shirt(s), all family activities, and dance! Activities are from 1 – 4pm.

Name of Walker/Family \_\_\_\_\_ Total # of Walkers \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Yes, I want to register for the Buddy Walk® on September 15, 2018**

(Registration includes the walk, lunch, t-shirt(s), family activities, & dance) (List T-shirt sizes/quantity below)

\_\_\_ Individual Registration - \$15

\_\_\_ Household Registration (Up to 4 people) - \$40

\_\_\_ Additional Household Members are \$5, # of Additional Members \_\_\_\_\_ @ \$5 Total \$ \_\_\_\_\_

Total # of T-Shirts \_\_\_\_\_

Size/Quantity \_\_\_ YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

**No, I cannot participate, please accept my donation to help promote the awareness, acceptance, and inclusion of individuals with Down syndrome**

\_\_\_ \$10 \_\_\_ \$20 \_\_\_ \$50 Other \_\_\_\_\_

**Buddy Walk Memory T-Shirt(s) - \$10 each if not included with registration**

Total # of T-Shirts \_\_\_\_\_

Size/Quantity \_\_\_ YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

**I have enclosed my payment of \$ \_\_\_\_\_ by check # \_\_\_\_\_ for my registration, t-shirt(s), or donation.**

**Waiver:** In consideration of me and/or my minor child being permitted to participate in the Buddy Walk®, I do hereby - for myself, my heirs and personal representatives assume any and all risks which might be associated with the event(Buddy Walk®). I further waive, release, discharge and covenant not to sue *Ups of Downs Family Support Group*, its officers, employees, sponsors, organizers, volunteers, 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 as a result of taking part in the events and any related activities. I also authorize the use by *Ups of Downs Family Support Group* of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS REGISTRATION IS NOT VALID UNLESS SIGNED and DATED.**

