



2019 Down Syndrome Awareness Walk

Saturday, October 5, 2019 at the
RUSHMORE MALL

Please complete this form - make checks payable to Ups of Downs and mail before **September 16, 2019** to: Ups of Downs – 3213 West Main St. #220 - Rapid City, SD 57702.

By mailing prior to September 16, 2019 you will be **pre-registered** and **will not** need to register again the day of the walk on **Saturday, October 5, 2019**. Registration includes the walk, t-shirt(s), and all activities.

Name of Walker/Family _____ Total # of Walkers _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Yes, I want to register for the Walk on Saturday, October 5, 2019

(Registration includes the walk, t-shirt(s), and all activities) (List T-shirt sizes/quantity below)

Individual Registration - \$15

Household Registration (Up to 4 people) - \$50

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

Total # of T-Shirts _____

Size/Quantity 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 _____

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

Total # of T-Shirts _____

Size/Quantity 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 Walk, I do hereby - for myself, my heirs and personal representatives assume any and all risks which might be associated with the event(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.



Email: upsofdownsblackhills1@gmail.com

Explore ♦ Engage ♦ Expand