Buddy Walk 2011 (Saturday, October 15)
9:00 am -- Noon

Team Registration Form- minimal number for a team is 10. There is no maximum
Please return this form to Helen Johnson at PO Box 91, Pfafftown, NC . Checks should be made payable to the PDSSN

Team Name: _____

Print Name	**Walk + T-shirt $10.00**	**T-shirt only $6.00**	**Indicate T-shirt Size** **Adult:** XXXL, XXL, XL, Large, Medium, Small **Children:** Large, Medium, Small
TOTALS	$	$	TOTAL PAYMENT: $

Waiver: In consideration of me and/or my minor child being permitted to participate in the BuddyWalk, 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 Piedmont Down Syndrome Support Network or the National Down Syndrome Society, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of all 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 PDSSN or the NDSS of any photo, film or videotape taken of me or my minor child at the event far any purpose.

Signature: _____ Email Address: _____

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