

# DAY-OF BUDDY WALK REGISTRATION FORM



Saturday, October 8, 2011

Boise Idaho

Walk begins at 11:00 am at Capitol Park,  
followed by celebration at Julia Davis Park

Presenting Sponsor:

C.K. QUADE LAW, PLLC

ESTATE PLANNING ♦ ELDER ♦ DISABILITY LAW

## Team Information (choose one)

Member of a team Team Name: \_\_\_\_\_

Not a member of a team

## Registrant Information

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Registration Options

Total # of Adults at \$17 each \_\_\_\_\_ Shirt Size(s) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL

Total # of Children (12 & under) at \$8 each \_\_\_\_\_ Shirt Size(s) \_\_\_\_\_ XS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL

Optional Donation Amount \$ \_\_\_\_\_ (please assign one shirt size for each person registered)

Total Amount \$ \_\_\_\_\_ Please make checks payable to TVDSA Buddy Walk

**Waiver:** In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, 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 National Down Syndrome Society or the Treasure Valley Down Syndrome Association, its 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 as a result of taking part in the events and any related activities. I also authorize the use by NDSS or Treasure Valley Down Syndrome Association of any photo, film or video taken of me or my minor child at the event for any purpose.

I Agree to Waiver of Liability \_\_\_\_\_

(Must sign to participate)



TREASURE VALLEY  
DOWN SYNDROME  
ASSOCIATION

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