

Amanda Workman & Megan Allen Co-chairs Lincoln Land Down Syndrome Society Buddy Walk chase2202@yahoo.com / megan5880@msn.com 217-416-8009 / 217-341-7588

**BUDDYWALK®** 

September 28,2024 •	11am• Washing	gton Park• Sp	ringfield, IL	national down syndrome society®  EDUCATE   ADVOCATE   CELEBRATE	
Mail (or register online	e) this form alor	ng with your r	egistration fee no later tha	n September 11, 2024	
to be guaranteed a t-s	shirt.				
Registration forms are	e available by d	ownload at o	ur web site https://www.llo	dss.org	
First Name:	Last Name:				
Address:					
City:	State:	Zip:			
Day Phone:	Evening I	Evening Phone:			
Your email:		Child/Tear	m you are walking for:		
☐ Add me to the LLDS	S e-mail list	□ Call me to v	olunteer with the event		
Registration Fee: (Wa	lker receives a	t-shirt, lunch	and all festivities)		
□ Registration fee – \$15 (per walker)			\$		
(Indicate t-shirt size b	elow)				
□ Individual w/Down syndrome - Free			\$ 00.00		
(Indicate t-shirt size b	elow)				
Total Registration fee	enclosed		\$		
Registration above inc			type checked. Please indic	ate t-shirt sizes below:	
		•	llow shirt for each shirt		
Youth: YXSYSY	MYL A	dult: S N	1 L XL XXL	XXXL	

## 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 Lincoln Land Down Syndrome Society 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 Lincoln Land Down Syndrome Society ownership of same.

Signature X

REGISTRATION IS NOT VALID UNLESS SIGNED BY AN ADULT REGISTERING ON THIS FORM.