

Team Member Sign-up Sheet

9th Annual DSSGC Columbia Basin Buddy Walk

September 25, 2021
Benefitting the Down Syndrome Society of Grant County
and the National Down Syndrome Society
(Please duplicate form as needed)

Team Captain: _____ **Team Name:** _____

Name of Hero: _____ **Phone:** _____ **E-mail:** _____

Instructions: Fill out this form(s) along with 1 registration form for your team and mail with check payable to: DSSGC, P.O. BOX 811, Moses Lake, WA 98837 by August 16, 2021. All participants must understand the Waiver of Liability and sign the *signature of waiver statement* below. If the participant is under the age of 18, the parent or guardian's signature is required. We suggest copying this form for your own use in tracking payment and delivering shirts.

First Name	Last Name	Email or Phone Number	Signature of waiver statement (bottom of page)	T-Shirt Size	Amount Paid	Cash or check #

Team Collection Total (for all pages): \$ _____ **Team Collection Total (for this page #** _____ **): \$** _____

WAIVER OF LIABILITY: 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 that might be associated with the event. I further waive, release, discharge and covenant not to sue the Down Syndrome Society of Grant County (DSSGC), its officers, 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 DSSGC of any photo, film or videotape taken of me and/or my minor child at the event for any purpose.