



Fraser Valley Down syndrome Society
12th Annual Walk for Awareness
June 16th, 2018
Registration Form



Entertainment 10:00-11:45am. Walk starts at noon.

Name of Walker _____

Name of person with Down syndrome you are walking for _____

Street Address _____

City _____ Province _____ PC _____

Phone _____ E-mail _____

Total # of Walkers _____ How many adults? _____ How many children? _____
 (ages 1 year and over) (19+) (ages 1-18)

Registration Fees per person over 12 months old (people with Down syndrome are FREE)

Total # of Walkers with Down syndrome _____ FREE

Total # of Walkers** (ages 1 yr and over) _____ x \$5 (before June 9th) = **Total Registration Fee \$** _____

Total # of Walkers** (ages 1 yr and over) _____ x \$10 (after June 9th) = **Total Registration Fee \$** _____

****Do not include people with Down syndrome as they are FREE**

In addition to participating in the walk, please accept my donation.

\$20 _____ \$40 _____ \$50 _____ Other _____

Cash? _____ Cheque? _____ (payable to FVDSS)

All names, addresses & postal codes must be complete and legible to receive a tax receipt.

Tax Receipt

Yes No

Accounting Purposes

Cash _____

Cheque _____

Waiver: In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and absolve and hold harmless the Fraser Valley Down syndrome Society, corporate sponsors, cooperating organizations and any other parties connected with this event in any way singly or collectively from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in any activities organized by the Fraser Valley Down syndrome Society.

Authorization for the use of photos and name(s): In signing this release, I authorize the Fraser Valley Down syndrome Society to use any photos of myself, or family including a minor under my custody or an adult for whom I am authorized to make decisions. I authorize photos to be used by the FVDSS for the purposes of pamphlets, newspaper ads, website or any of the foregoing. I understand that giving my consent to this will mean no financial payments will be made to me by the FVDSS.

Signature _____ Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED