Walker Information

Name_____
Address_____
City_____State_____Zip_____
Phone_____-_____-_____ AGE_____

Team Name_____

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT: In consideration of the University of Notre Dame du Lac, Notre Dame, Indiana (the "University") agreement to permit me (and my minor child) to participate in the Buddy Walk the receipt and sufficiency of which consideration is hereby acknowledged, I, individually, and on behalf of my (and my minor child's) heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities), the National Down Syndrome Society, the Down Syndrome Family Support and Advocacy Group and the Michiana Buddy Walk from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress, to persons and/or property. I further agree to indemnify, defend and hold harmless the University and its employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, expenses (including hospital and medical expenses), and/or attorneys fees, which arise out of my (or my minor child's) participation in the Buddy Walk.

I hereby consent to any publicity, including the use of my (and my minor child's) name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my (or my minor child's) participation in the Buddy Walk.

In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that by signing it I am giving up substantial legal rights I might otherwise have, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Participant's Signature:

_____Date_____

Guardian's Signature:

_____Date_____

……

Did you participate last year? Yes ____No____
Would you like to be on our mailing list and receive our Newsletters:
Yes ____ No____

This is a prepaid walk. Collect money prior to the event, record each sponsor's name and donation and bring this form with you on the day of the walk. Please print.

Name	Address	Amount

Total Dollars $_____._____

Donate online through firstgiving
www.michianadownsyndrome.org (click the Buddy walk link)
You can also send your donations to:
DSFSAG
51201 Old Cottage Dr
Granger, IN 46530

……..

For Internal use only:

Total $_____Verified by: _____