<b>BUDDY VALK BUDDY VALK BUDY VAL</b>		
Last Name: First Name:		
Street Address:		
City:	State:	Zip:
Phone: Email:		
Team Name (if any): Teams consist of 10+ registered walkers		(s) - Please Write Quantity
Register Walkers		_ Child XS:
# of Adults: x \$20 ea. = \$		Child Sm: Child Med:
# Children: x \$10 ea. = \$ (ages 6-12) [Children under 6 walk for free!]	Adult Zg;	
Please provide ages of children under 6:	Adult 2XL (+\$3):	
Additional Donation Amount: \$	Adult 3XL (+\$3):	
Total: \$	Adult 4XL (+\$3):	
BUDDY WALK <sub>®</sub> DONATIONS I cannot attend but would like to make a donation in the amount of: \$100 \$50 \$25 Other: \$	Hopes and D Please complete a Hopes & Di 517	s are Payable to: reams Foundation, Inc and mail with your payment to: reams Foundation. Inc. Cedarbrook Rd ampton, PA 18966

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 Hopes and Dreams Foundation, Inc., 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 the Hopes and Dreams Foundation, and the National Down Syndrome Society of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

(Registration is not valid without signature)