



**2021 Down Syndrome Association of West TN Buddy Walk  
October 23, 2021 Union University, Jackson, Tennessee  
The Great Lawn (in front of the clock tower)  
Registration 1:00 PM - Walk begins 2:00 PM**

**Registration for the walk is FREE. Buddy Walk sweatshirts are \$20/Adult & \$15/Youth, while supplies last. To reserve your shirt, early registration and shirt payment must be received by October 9th. Please make checks payable to DSAWT. You can also register at the Buddy Walk but extra sweatshirts will be limited.**

**Mail early registration forms and shirt payment to: Amy Allen, 5135 Wahl St., Milan TN 38358**

PLEASE PHOTOCOPY THIS FORM AS NEEDED

**Walk Registration - FREE**

Buddy Walk Child / Team Name \_\_\_\_\_

Walker's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Names of children under 18 to register  
\_\_\_\_\_

**Sweatshirts -please write in number of shirts. (2XL – 3XL please add \$2 per shirt.)**

**\$20 each (Adult )** \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL \_\_\_3XL

**\$10 each (Youth)** \_\_\_S (6-8) \_\_\_M (10-12) \_\_\_L (14-16)

**For more information about registration and t-shirts, email amy.allen@trentonssd.org**

I can't participate in the walk, but please accept my DONATION to support programs, events, & inclusion of people with Down syndrome:

\$10     \$20     \$50     Other \_\_\_\_\_

Waiver - In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, I hereby-for heirs, my personal and myself representatives-assume any and all risk which might be associated with the event. I further waive, release, discharge and covenant not to sue *Down Syndrome Association of West Tennessee*, 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 *Down Syndrome Association of West Tennessee* of any photo, film or videotape taken of me or my minor child at the event for any purpose.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_