

**2008 PANHANDLE BUDDY WALK**  
**OCTOBER 4, 2008**  
**VOLUNTEER REGISTRATION FORM**

PLEASE COMPLETE THIS FORM AND EMAIL BACK TO KELLY WHITE AT [kwhite@amaonline.com](mailto:kwhite@amaonline.com)  
OR FAX TO 468-7174. FOR MORE INFORMATION CALL  
806-584-0996.

THE DAY OF THE WALK, GO STRAIGHT TO THE VOLUNTEER REGISTRATION TABLE AT SAM  
HOUSTON PARK TO CHECK IN AND FIND OUT WHERE YOU WILL BE NEEDED.  
THANK YOU SO MUCH FOR HELPING WITH THE BUDDY WALK.

VOLUNTEER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

VOLUNTEER T-SHIRTS ARE COMPLIMENTARY AS LONG AS AVAILABLE.

PLEASE CHECK ALL THAT APPLIES OR INTEREST YOU. WE WILL TRY TO ACCOMMODATE YOUR  
INTERESTS AS BEST WE CAN:

I WILL HELP WHEREVER NEEDED, JUST LET ME KNOW

I CAN HELP SETUP THE EVENT FROM 7 AM TO 10 AM

I WOULD LIKE TO WORK A GAME/EVENT. I AM AVAILABLE FROM 9:30 AM TO 1 PM

I WANT TO HELP WITH THE REFRESHMENTS

I WILL HELP CLEAN UP THE PARK. THIS IS USUALLY COMPLETE AROUND 2 PM

OTHER \_\_\_\_\_

**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 THAT MAY BE ASSOCIATED WITH THE EVENT.  
I FURTHER WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE **NATIONAL DOWN  
SYNDROME SOCIETY, THE PANHANDLE DOWN SYNDROME GUILD**, 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 RELATED ACTIVITIES. I ALSO AUTHORIZE THE USE BY **NDSS** AND **PDSG** OF ANY PHOTO,  
FILM OR VIDEOTAPE TAKEN OF ME OR MY MINOR CHILD AT THE EVENT FOR ANY PURPOSE.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

YOU WILL BE ASKED TO SIGN THIS FORM WHEN YOU CHECK IN.