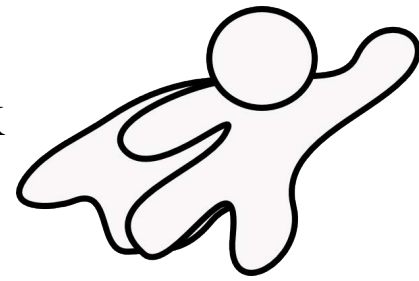




2016 PANHANDLE DSG BUDDY WALK
 OCTOBER 1, 2016
 VOLUNTEER REGISTRATION FORM



PLEASE COMPLETE THIS FORM AND EMAIL BACK TO JEFF MEDFORD AT Panhandedsg@yahoo.com OR FAX TO (806) 576-2626.
 FOR MORE INFORMATION CALL (806) 678-4450.

THE DAY OF THE WALK, GO STRAIGHT TO THE VOLUNTEER REGISTRATION TENT OR YOUR GROUP LEADER 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.

GROUP NAME, IF APPLICABLE _____

VOLUNTEER'S NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____ PHONE _____

EMAIL ADDRESS _____

VOLUNTEER T-SHIRTS ARE COMPLIMENTARY AS LONG AS THEY ARE AVAILABLE.

S M L XL 2X 3X

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

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

___ I WOULD LIKE TO WORK THE EVENT, FROM 9:00 AM TO 1 PM

___ I WILL HELP CLEAN UP THE PARK, FROM 12:00-2:00

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.