

OUR LITTLE HERO COP BUDDY WALK REGISTRATION

Please complete this form and mail, with a check payable to Our Little Hero COP, PO Box 441, Mt. Holly, NJ 08060 before October 10, 2010. Registrations will also be accepted on the day of the event and for more information go to the website www.ourlittlehero.org.

PLEASE PHOTOCOPY THIS FORM AS NEEDED

Walker's Name _____

Company/Team Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Total # of Walkers _____

YES! I want to walk to promote acceptance and inclusion of all people with Down Syndrome.

Individual/Team Member Registration - \$25.00

Family Registration (Up to 2 adults & 2 children) - \$40.00

Additional Children 13 and Under - \$5.00

All registration fees include Buddy Walk shirts while supplies last.

I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome:

\$15

\$25

\$50

Other _____

I have enclosed a check for my registration fee or donation.

Please contact me to volunteer on the day of the event.

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 *Our Little Hero COP*, 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 *Our Little Hero* of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature _____ Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED.