



**Aiken Buddy Walk Registration Form**  
**Sunday, September 17, 2023 (Rain or Shine)**  
**USC Aiken Quad**  
**Registration 12:30pm**  
**Walk 2:00pm**

Please complete this form and mail to Upside of Downs of Aiken, 7 Julie Ann Ct, Aiken, SC 29801. Form (and check for paid t-shirt order) must be received before August 24, 2023, to ensure t-shirts are ordered. Registrations will be accepted through the day of the Aiken Buddy Walk.

Your Name \_\_\_\_\_ Relationship to Buddy \_\_\_\_\_

Buddy Name \_\_\_\_\_

Company/Team Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please complete a registration form for each participant. Registration is free. Registered individuals with Down syndrome receive a free t-shirt. T-shirts for other participants are \$10.

**Registration Type**

- ☐ Individual with Down syndrome (Free t-shirt) \_\_\_\_\_ Shirt Size\*
- ☐ Participant No T-Shirt (Free)
- ☐ Participant With T-Shirt (\$10) \_\_\_\_\_ Shirt Size\*
- ☐ I cannot participate in the walk, but please accept my donation to support programs and services for families with an individual diagnosed with Down syndrome. (Please make checks payable to Upside of Downs)

\* T-Shirt Sizes Youth XS – Adult 4X

I know that participation in a walk, and all other activities occurring at the Aiken Buddy Walk are potentially hazardous activities, which could cause injury or death. I should not participate if I am not medically able and properly trained. I agree to abide by any decision of the Aiken Buddy Walk officials relative to any aspect of my participation in this event, including the right of the official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with this event, including but not limited to, falls, contact with other participants, batted thrown or kicked balls, the effects of the weather, the condition of the facility (including the grounds and walking paths), and any equipment, supplies, or rides, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, and/or the entry of my minor child (children), I, for myself (and my minor child/children) and anyone entitled to act on my/their behalf, waive and release the University of South Carolina Aiken, the National Down Syndrome Society, Upside of Downs of Aiken, and all sponsors, their representative, any other persons assisting with the Aiken Buddy Walk, and their successors from all claims or liabilities of any kind arising out of my/our participation in the Aiken Buddy Walk even though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of myself and/or my minor child/children at the event for any legitimate purpose.

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