

REGISTRATION FORM

Please print neatly using uppercase characters.
Please keep all writing inside the boxes.



BEST BUDDIES
FRIENDSHIP WALK

* = Required Information

Team Captain Name

Team Name

Please Select Your Shirt Size

Youth Sizes			Adult Sizes					
<input type="text"/>								
YS	YM	YL	S	M	L	XL	XXL	

Title (Mr., Mrs., Ms., Dr.) *First Name

*Last Name

Suffix (Jr., Sr., III) Professional Degree *Gender
F M

*Home Address

Home Address (cont.)

*City

*State *Zip *Birth Date - -

*Phone

*Email

This is my email at Home Work In Honor of In Memory of

Please accept my entry into the Best Buddies Friendship Walk benefiting Best Buddies. I look forward to participating in the Best Buddies Friendship Walk to raise funds and awareness for Best Buddies and its programs for people with intellectual and developmental disabilities. My acceptance as noted below will confirm that I am 18 years or older, or have the consent of my parent/guardian to participate in this event, and have read and understand the following:

I assume all responsibility for injuries and damages that may result as an active entrant in this walking Event. As a condition of my entry, I hereby for myself, my heirs, executors and administrators, release, exempt and discharge and agree not to commence any law suit against Best Buddies International, Inc., Event sponsors, Event subcontractors, Event staff, Event volunteers, and cities/towns/municipalities through which the Event passes and properties on which Event festivities will take place from all claims, damages and courses of action, present or future, whether they result from, arise out of or are incident to my participation in the Event. I certify that I am physically fit, will have trained sufficiently for the Event, and will abide by all Event walk rules. I also grant permission for the use of my name and/or photographs in press releases, kits, media broadcasts or any other public relations account of the Event used by Best Buddies or others with the consent of Best Buddies. By selecting the "I agree" option below, I agree to the terms outlined herein. I understand that I am responsible for the monies associated with my selected fundraising membership level.

I Agree _____ Participant/Guardian Signature _____ Date _____