



## Volunteer Information Form

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

VOLUNTEER GROUP AFFILIATION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

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Waiver: in consideration of me and/or my minor child being permitted to participate in the Buddy Walk/Step Up for Down Syndrome 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 the Down Syndrome Association of Central Florida, its officers, board members, 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, accompanying persons and/or my minor child or children as a result of taking part in the events and any related activities. I also authorize the use by DSACF of any photo, film or videotape taken of me or any minor child at the event for any purpose.

Your Name: \_\_\_\_\_

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

**THIS REGISTRATION IS NOT VALID UNLESS SIGNED**