



Sunday, October 20, 2019

5K Run Starts 7:30 am

Timed USATF certified course, finisher medals for registered 5K participants

Walk Starts 8:30 am

Markham Park:

16001 W State Rd 84, Sunrise, FL 33326



**Broward
Gold Coast
Down Syndrome
Organization**
954-825-0400

Walk Registration 5K Run Registration must be completed online www.stepup4downsyndrome.com by 10/19/19.

All contributions are tax deductible as allowed by law. All registrations are non-refundable.

FIRST NAME (WALKER #1) LAST NAME DATE OF BIRTH

ADDRESS

CITY/STATE/ZIP

DAYTIME PHONE SHIRT SIZE: 2T 4T YS YM YL S M L XL 2XL 3XL 4XL

EMAIL

WALKER #2 FIRST NAME LAST NAME DATE OF BIRTH

SHIRT SIZE: 2T 4T YS YM YL S M L XL 2XL 3XL 4XL

WALKER #3 FIRST NAME LAST NAME DATE OF BIRTH

SHIRT SIZE: 2T 4T YS YM YL S M L XL 2XL 3XL 4XL

WALKER #4 FIRST NAME LAST NAME DATE OF BIRTH

SHIRT SIZE: 2T 4T YS YM YL S M L XL 2XL 3XL 4XL

WALKER #5 FIRST NAME LAST NAME DATE OF BIRTH

SHIRT SIZE: 2T 4T YS YM YL S M L XL 2XL 3XL 4XL

SU4DS Registration *Must be received by 10/12/2019*

- Individual/Team Member - August 1-31: \$15/person
- Individual/Team Member - Sept.-Oct-19: \$20/person (\$25 day of event)
- Individual w/Down syndrome FREE: Walker #2 Walker #3 Walker #4 Walker #5
- Children 5 and under - \$5pp

I am Walking for a Team _____
TEAM NAME

SU4DS 2019 t-shirt required for event participation

SIGNATURE DATE

This registration is not valid unless signed and you are agreeing to the waiver below.*

Please note if you are registering a family or multiple individuals for the BGCDSD SU4DS Walk that all participants are agreeing to the following waiver.

**In consideration of me and/or my minor child being permitted to participate in the Step Up 4 Down Syndrome Walk and 5K Run, I hereby for myself, my heirs, and personal representatives assume any and all risks that might be associated with the event. I further waive, release, discharge and covenant not to sue the BGCDSD, their programs, 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 event and any related activities. I also authorize the use by BGCDSD and their programs of any photo, film or videotape taken of me and/or my minor child at the event for any purpose.*