

**The Family & Friends Down Syndrome Association of Niagara, Inc.
Buddy Walk of Buffalo Niagara Waiver and Release of Liability:**

I wish to participate in the Buddy Walk® of Buffalo Niagara. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event. I further understand that there are risks and dangers inherent in participating in the Event. I understand that in order to be allowed to participate in the Event, I agree to assume all risks and to release and hold harmless The Family & Friends Down Syndrome Association of Niagara, Inc. and their officers, agents, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials and volunteers, including team captains, participating communities and clubs and all governmental and public entities including, but not limited to, the State, County and local municipalities where the events take place (collectively the "Released Parties").

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Event, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me

I agree to allow The Family & Friends Down Syndrome Association of Niagara, Inc. and The Buddy® Walk of Buffalo Niagara, and their contractors, agencies and sponsors, the use of my name and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media now and forever known.

I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her acceptance below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I accept of my own free will.

Walkers name (print): _____

Signature of Legal Guardian or Walker: _____

ADDRESS _____

EMAIL _____

**Walkers name
(print):** _____

Signature of Legal Guardian or Walker: _____

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EMAIL _____

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