



**STEP UP FOR DOWN SYNDROME
TEAM MEMBER SIGN UP SHEET
(duplicate form as needed)**

Team Captain: _____

Walk Team Name: _____

Phone: _____

Email: _____

This form can be used instead of the Entry Form on the walk brochures, depending on your preference. The deadline to have a walk team name printed on the back of the t-shirts is **Monday, September 26th at 6:00pm**

Entry Fee: \$25 (for guests ages 13 and up)
 \$15 (for guests ages 3-12)
 \$15 (infant, includes a onesie)

For guests under the age of 18, a parent/guardian signature is required.

Available T-shirt sizes:
 Adult Sizes: Small, Medium, Large, X-Large, 2XL, 3XL & 4XL
 Youth Sizes: X-Small (2-4) Small (6-8), Medium (10-12)
 Infant Sizes: NB, 6mos, 12mos, 18mos, 24mos

| First Name | Last Name | Address – Street, City, State and Zip | Phone Number | E-mail | Shirt Size | Reg. Fee Paid (√) | Signature of waiver statement (parents sign here) |
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WAIVER OF LIABILITY: In acceptance of my or my child’s entry to participate in the Kansas City Step Up Walk for Down Syndrome 2022, I hereby release each of the sponsors as well as Down Syndrome Innovations, the KC Chiefs Football Club, Arrowhead Stadium, the Truman Sports Complex, the Kansas City Royals Baseball Club and any affiliated individuals or entities of the event from any and all causes of actions, suits, damages, happenings which may relate to or arise in any manner from my participation in the event. I also authorize the use of any photographs of my child or myself to be used for promotional materials of the Step Up Walk and or Down Syndrome Innovations. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Down Syndrome Innovations; social distancing of 6 feet per person among children and their caregivers at an in-person gathering or event setting may not be possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs at the Step Up Walk and acknowledges that use thereof by the undersigned and/or such participating children may, despite Down Syndrome Innovations reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

| First Name | Last Name | Address – Street, City, State and Zip | Phone Number | E-Mail | Shirt Size | Reg. Fee Paid (✓) | Signature of waiver statement (parents sign here) |
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