Buddy Walk® Waiver

I, the undersigned, agree to indemnify and hold harmless, Down Syndrome Indiana, Inc. from all cost, expense and liability arising out of my or my child's participation in this event to benefit Down syndrome awareness. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act, or failure to act, by Down Syndrome Indiana, Inc. its officers, agents or employees arising directly or indirectly from me or my child's loss, damage or other liability for such event.

I also agree that images of myself or my child taken at the Buddy Walk® by video, photo or digital camera, may be used for the purposes of promotional material, website artwork or publications of Down Syndrome Indiana, and waive any rights to compensation or ownership thereto, understanding that it *may* be necessary on occasion to use and individual's first name, but that no last names, addresses, or other personal information will be used or shared.

Name	Email	Phone	Relationship Ex. Parent, Sponsor, Family member, etc.
Example: Lisa Wells	lisa@dsindiana.org	317.925.7617	Staff Member