

## Registration Form

Please complete the following information and mail with your method of payment. Make cheques payable to the Canadian Down Syndrome Society.. Registration closes September 31, 2017. Event is on October 1, 2017 at Montebello Park in St. Catharine's.

### Your Information

CDSS does not exchange, sell, or distribute our lists.

Name		I am the Team Leader <input type="radio"/> Yes <input type="radio"/> No	
Person I am walking for	Team I am walking with	Total walkers in team	
Address			
City, Province/Territory	Postal code	Phone (with area code)	
Email			
How did you hear about Go21? (check below)			
<input type="radio"/> Family/Friend <input type="radio"/> Canadian Down Syndrome Conference <input type="radio"/> Hospital/Clinic/Health professional <input type="radio"/> Internet article <input type="radio"/> Newspaper article <input type="radio"/> Internet search <input type="radio"/> Telemarketer <input type="radio"/> Don't remember <input type="radio"/> Other: _____			

### **YES! I want to promote equitable opportunities for all people with Down syndrome.**

Type	Price	Qty.	Total
Adult (Older than 16 years old)	\$10	x _____	= \$ _____
Minor (7 to 15 years old)	\$5	x _____	= \$ _____
Self-advocate Person with Down syndrome	Free	x _____	= _____
Child (6 years old and younger)	Free	x _____	= _____
Donation: <input type="radio"/> \$21 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> Other			\$ _____
<b>TOTAL:</b>			\$ _____

Team Name:  
(If applicable) \_\_\_\_\_

### Registration Options

- I have enclosed cash or cheque
- Please charge my credit card (check below)  
 VISA    MasterCard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

- Please contact me to volunteer on the day of the event.
- My company has matching funds. Attached is my matching form
- [Online registration](#)

Donations for Go21: Niagara may also be accepted online at [secure.go21.ca/Go21Niagara](http://secure.go21.ca/Go21Niagara)

## Waiver

In signing this release, I (we) acknowledge that I (we) understand the intent thereof, and I (we) hereby agree, absolve and hold harmless the Canadian Down Syndrome Society (CDSS), the Down Syndrome (Caring Parents) Niagara (DSCPN), corporate sponsors, cooperating organizations and any other parties connected with this event in any way singly or collectively from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in this Go21 event, or any other activities associated therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
On behalf of (Team name) \_\_\_\_\_

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## Media Submission and Release Form

I consent to the use (specified below) of any and all photograph(s) and/or video(s) delivered in whole or in part, for the purposes specified below by the Canadian Down Syndrome Society (CDSS), Down Syndrome (Caring Parents) Niagara (DSCPN) and those acting with its permission and authority. I waive any right to inspect or approve the finished photograph(s) and/or video(s). Further, I agree to exclusively license all the delivered photograph(s), video(s), negative(s) and reproduction rights to CDSS and DSCPN indefinitely for the purposes selected below. It is understood that the original photographer retains copyright of photograph(s) and or video(s) at all times under the express understanding and agreement that CDSS and DSCPN shall have exclusive reproduction rights to the images aside from the portfolio display and promotional uses by the original photographer. I hereby release CDSS and DSCPN from any and all claims in connection with photograph(s) and/or video(s), including any and all claims of libel so long as the term of this agreement are followed. By signing this form I am also certifying that I am over 18 years of age.

- I am, or have the consent of, the parent(s), guardian(s), and/or individual(s) featured in the photograph(s) and or video(s). I have read the above conditions and fully understand its contents. I hereby grant permission for the photograph(s) to be used in the manner described above.
- Yes, I am a member of the Canadian Down Syndrome Society and/or Down Syndrome (Caring Parents) Niagara

I hereby consent to the use by CDSS and DSCPN of the photograph(s) and/or video(s) attached for the following purposes:

- To use on CDSS and DSCPN websites (go21.ca, cdss.ca, DSCPN.ca, etc.), email newsletter, or other CDSS and/or DSCPN social media outlet (Facebook, Twitter, etc.)
- To use on CDSS and DSCPN promotional materials, including, but not limited to PSAs, our publications, annual reports, brochures, etc.
- To use in a specific project or initiative, and all related media (please state):

*Go21*

\_\_\_\_\_  
(For example: CDSS and DSCPN related events, mail campaign, etc.)

- All of the above
- None of the above; I do not wish to be photographed. I consent to wear a sticker identifying that my image is not to be used if accidentally captured.

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DSCPN and CDSS do not exchange, sell, or distribute our lists.

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**THIS REGISTRATION IS NOT VALID UNLESS SIGNED**





# GO21

NIAGARA | OCTOBER 1, 2017



Canadian  
Down Syndrome  
Society

Société  
canadienne de la  
trisomie 21

Canadian Down Syndrome Society's  
Charitable Organization Number: 11883 0751 RR 0001  
cdss.ca | info@cdss.ca | 1-800-883-5608

## Team Member's Information

CDSS does not exchange, sell, or distribute our lists.

Team Member's Name	Contact Details	
	Address, City, Province	Postal code
	Email <input type="checkbox"/> Add me to the Go21 mailing list	Phone (with area code)
	Address, City, Province	Postal code
	Email <input type="checkbox"/> Add me to the Go21 mailing list	Phone (with area code)
	Address, City, Province	Postal code
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