



2024 PARTICIPANT REGISTRATION FORM

Complete the following information to register for The Longest Day®. You will receive a confirmation email with your login credentials.

MAIL TO: The Longest Day
225 N Michigan Ave
Floor 17
Chicago, IL 60601

First name: _____ Last name: _____

Address (cannot be a P.O. box): _____

City: _____ State: _____ ZIP: _____

Phone number*: _____ Email address**: _____

Employer name (if applicable): _____

By providing this information, you acknowledge and consent to the terms of the Association's Privacy Policy (alz.org/security-and-privacy-policy).

**By entering your mobile number, you will be opted in to receive text message updates from the Alzheimer's Association and stay involved in the fight to end Alzheimer's. You will be able to opt-out of these messages at any time. See our Privacy Policy.*

***Yes, I would like to receive email from the Alzheimer's Association.*

Have you participated in The Longest Day before? Yes No

If not, you will be assigned a username and password to access your account online.

Preferred username: _____ Password: _____

How are you participating? I am a: Team Captain Team member Individual fundraiser

Team name (if applicable): _____

Company/group name (if applicable): _____

What activity are you planning for The Longest Day (e.g., yoga, baking, fundraiser only, TBD)?

Personal fundraising goal: \$ _____ Team fundraising goal (if applicable): \$ _____

Your registration includes a Welcome Kit and a custom 2024 The Longest Day T-Shirt.

\$20 (required donation toward your fundraising total)

\$0 (Global Team promo code: _____)

Unisex T-shirt size (circle one): S M L XL 2XL 3XL

Kick-start my fundraising with a personal donation of: \$ _____

TOTAL (\$20 minimum donation + any kick-start personal fundraising): \$ _____

You can also register online at alz.org/thelongestday.

PAYMENT

Enclosed is my check payable to the Alzheimer's Association®.

OR

Charge my credit card (check one): Visa Mastercard American Express Discover

Credit card number: _____ Expiration date: _____ CVV code: _____

Signature: _____ Date: _____

_____ **I agree with the terms and conditions (initial here — see below)**

TERMS AND CONDITIONS

ASSUMPTION OF RISK, RELEASE AND PERMISSION IN CONNECTION WITH THE LONGEST DAY THIRD PARTY EVENT

In consideration of being a participant in or an attendee at a third party event (such event to include preparation, training and planning as well as post event wrap up and/or recap) planned and organized by an individual or group independent of the Alzheimer's Association to coincide with the Alzheimer's Association The Longest Day® (the "Event"), which is an event that may include physical and other risks including, but not limited to, injuries, falls, interaction with other participants, effects of weather, traffic and conditions on the road, location or venue of the Event chosen by the individual or group independent from the Alzheimer's Association, I on behalf of myself, my child or ward, my heirs, assigns, and legal representatives, agree to assume all risks of personal injury, death or property loss arising in any way out of my participation and expressly release in advance and hold harmless the Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents ("Parties") from any liability and to waive my rights with respect to any and all claims for damages for death, personal injury or property damage, including but not limited to medical bills, lost wages, pain and suffering, attorney fees and court costs, 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 through no fault of my own, or from the 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 am aware of and appreciate the risks inherent in training for and participating in the Event, including the use of public streets and facilities where many hazards exist. I agree to put my safety first and to comply with all laws relating to the use of technology or smartphones and other devices during the Event. I certify that I am in good health, physically fit, and capable of participation in the Event, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, or if I am taking any prescription or over-the-counter medications, my medical care provider knows of and has approved my participation in the Event. I understand, or will educate myself about, the dangers of dehydration and hyponatremia (low blood sodium) and will take precautionary measures to prevent these conditions.

I agree that my assumption of risk and this release shall be as broad and inclusive as is permitted under applicable law, and that if any portion thereof is held invalid, it is agreed that the remainder shall notwithstanding, continue in full force and effect.

If I am the third party Event organizer, I agree to comply and require my participants to comply with the Alzheimer's Association trademark guidelines and will only use a trademark of the Alzheimer's Association as specifically authorized and approved in each instance. I Acknowledge that I have no rights in the Alzheimer's Association trademarks and any permitted use is a limited, non-exclusive, revocable license.

I understand that my name, photograph, voice or likeness may be used by the Alzheimer's Association and/or Event organizers, their licenses, affiliates and employees in photographs, video and other recordings. I grant full permission in perpetuity to the organizers of this Event and the Alzheimer's Association, their representatives, successors, assigns, licensees, employee and any person corporation or entity acting under their permission to use, reuse, reproduce, distribute, publish and republish my name and image as participant in the Event in any still or moving photographic image, likeness, video, sound or other recordings of me during the Event. I consent to and authorize, in advance, such use and expressly waive any rights of privacy and/or publicity I may have in connection therewith.

The Alzheimer's Association is committed to providing an environment free from harassment and discrimination. The Alzheimer's Association strictly prohibits harassment and discrimination based on race; creed; color; religion; gender; sex; sexual orientation; national origin; ancestry; age; veteran status; citizenship status; marital status; physical or mental disabilities; pregnancy, gender identity or expression (including transgender status); and genetic information any other characteristic protected by federal, state or local law.