



**VOLUNTEER WAIVER** Complete this form & return to a representative of the Alzheimer's Association.

To make a donation, please visit [alz.org/walk](http://alz.org/walk).

First name

Last name

ZIP

Email

Primary Phone

Club

School

**Assumption of Risk, Release and Permission**

Walk to End Alzheimer's ® involves risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the Walk to End Alzheimer's and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event. I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities – whether resulting from the negligence of any of the above or from any other cause. I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect. I grant full permission in perpetuity to the organizers of this event to use, reuse, publish and republish my name and image as a participant in the event in photographs, video or other recordings. I have read, understood and agreed to the terms of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below:**

*I am the parent and/or legal guardian of the Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please help the Alzheimer's Association better serve our community by completing the following:**

Your year of birth \_\_\_\_\_

Your gender  female  male

Your race/ethnicity  White non-Hispanic  Black/African-American  Hispanic/Latino  Asian  Native Hawaiian/other Pacific Islander  Native American

**Two or more races/ethnicities**

**Other**