



PLEASE SELECT A WALK:

- Bakersfield** (10/15)
- Los Angeles** (TBD)
- Santa Monica** (10/23)
- Beach Cities** (10/1)
- Ridgecrest** (10/22)
- Temecula Valley** (10/3)
- Coachella Valley** (TBD)
- San Fernando Valley** (10/16)
- Tulare/Kings** (10/1)
- Inland Empire** (10/15)
- San Gabriel Valley** (10/22)
- Long Beach** (10/29)
- Santa Clarita Valley** (10/8)

## 2022 WALK TO END ALZHEIMER'S REGISTRATION FORM

### WALKER INFORMATION

Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Gender: Male Female

### FUNDRAISING INFORMATION

I would like to:

Walk as an individual participant.

Join a team. Team name: \_\_\_\_\_

Start a team. Team name: \_\_\_\_\_

My fundraising goal is: \$ \_\_\_\_\_

My t-shirt size:

Small Medium Large X-Large XX-Large 3XL

(Each participant who raises \$100 or more receives a t-shirt)

### WEBSITE INFORMATION

Username: \_\_\_\_\_

Please use my email address above as my username; or

Create a username: \_\_\_\_\_

Password: \_\_\_\_\_

(Must be 5-10 characters; case sensitive)

Please complete and send to Nanor Shirikjian at nashirikjian@alz.org or mail to:  
**Alzheimer's Association**  
**9606 S. Santa Monica Blvd., Suite 200**  
**Beverly Hills, CA 90210**

**Please print clearly.**

#### Assumption of Risk, Release and Permission

Walk to End Alzheimer's® involves walking – an activity which may include 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, understand and agree to the terms of this agreement.

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 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