

- Start a team Join a team Walk as an individual

My goal is to raise \$_____ to help end Alzheimer's disease.*

(The recommended fundraising minimum for an individual is \$100; the recommended team minimum is \$2,000.)

**Individuals who meet the fundraising minimum will earn the official Walk participant T-shirt. In most cases, this minimum is \$100; in some places, it is higher.*

Walk name/city

Team name

Group/company name (optional)

Yes, my company has a matching gift program.

- Team type (choose one):** Company/corporation Friends/family School/university
 Faith-based organization Long-term care Other

First name

Last name

Address

City State ZIP

Phone

Email

I'm kick-starting my fundraising with a self-donation to the Alzheimer's Association®. Enclosed is my personal donation of: \$500 \$100 \$50
 Other \$_____

Make checks payable to Alzheimer's Association. To make a credit card donation, please visit alz.org/walk.

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, automobiles, bicycles and the like; effects of weather, traffic, and conditions of roads, sidewalks and other public ways and areas. 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 Walk to End Alzheimer's and related activities. I understand that it is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I acknowledge and agree that 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. If I am aware of or under treatment for any physical infirmity, ailment or illness, I acknowledge that it is my personal obligation to obtain my medical care provider's approval to participate in Walk to End Alzheimer's, and I shall maintain personal health insurance while participating in Walk to End Alzheimer's. I, for myself and my heirs, executors and administrators, hereby knowingly and freely (i) release, discharge, and (ii) agree not to sue, and (iii) waive my rights against the Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, for, from or with respect to any and all liabilities, claims, demands, causes of action attorney's fees and court costs whatsoever, arising out of my participation in or attendance at this event and related activities whether resulting from the acts or omission, negligent or otherwise, 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. In order to promote, share and archive Alzheimer Association programs and events like Walk to End Alzheimer's ("Events"), I acknowledge and agree that photographs, videos and/or recordings may be taken at such Events. By attending the Events, I understand and agree that I may be included in the photographs, videos and/or recordings. I hereby irrevocably consent to such inclusion and grant, in perpetuity and on a royalty-free basis, the Alzheimer's Association, its chapters and their directors, employees, officers, agents, representatives and licensees, all rights to use and publish for promotional and internal purposes in all media, now known or hereafter developed, my name, image, likeness and voice as well as any statements, quotes or other biographical data provided by me to the Alzheimer's Association, in whole or in part, and to copyright any materials created. I hereby waive any right to inspect, approve or be compensated for the use of any materials incorporating such images and information obtained during the Events. I release the Alzheimer's Association, its chapters and their directors, employees, officers, agents, representatives and licensees from all liabilities arising out of any use of my likeness and information as provided above. I understand and agree that any and all negatives, digital images and recordings of my likeness, regardless of form, are and shall remain the property of the Alzheimer's Association. 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 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. I have read, understand and agree to the terms of this agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the 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 _____

Will you join us on Walk day? Yes No

How did you hear about this year's Walk? Alzheimer's Association website Email from Alzheimer's Association Facebook/Twitter Friend, family member or co-worker
 My company/employer Phone call from Alzheimer's Association Postal mail advertisement
 Poster or brochure in my community Print advertisement Web advertisement Other _____

What is your T-shirt size? Youth small Youth medium Small Medium Large X-Large 2X-Large 3X-Large Other _____ Staff will reach out to confirm size needed.

What is your closest connection to the cause? I am living with Alzheimer's or another dementia
 I am supporting or caring for someone living with Alzheimer's or another dementia
 I have lost someone to Alzheimer's or another dementia
 I don't have a close connection, but support the Association's vision of a world without Alzheimer's and all other dementia®
 I prefer not to answer

Please finish this sentence (this will appear on your public fundraising webpage): "[Your name] is fundraising to honor _____."
 Examples: "his/her granddad, Lou Smith," or "Grandpa Lou." If left blank, it will say "all those facing Alzheimer's."

Are you interested in learning more about the volunteer Walk Committee? Yes No

Would you like to receive the following from the Alzheimer's Association (check all that apply)? Advocacy opportunities
 Information on the Alzheimer's Impact Movement (AIM)
 Text messages *Message and data rates may apply.*
 Weekly E-News