



REGISTRATION FORM

Complete this form in ink and return it to your local chapter. To find your local chapter or Walk, visit alz.org.

- 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, 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 _____

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? Small Medium Large X-Large 2X-Large 3X-Large

Following registration, we'll mail you a set of flags* that can be carried on Walk day to raise awareness. Please send my flags to the address above.
 I would prefer NOT to receive flags.

*While supplies last.

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 Planning 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
 Weekly eNews

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); genetic information; and any other characteristic protected by federal, state or local law.