

Registration Form



Participant Contact Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Best Phone Number to reach you _____

Gender: _____ Male _____ Female

Birth Date: _____

ALZ Stars Running Shirt Size (these run small): S M L XL XXL

****Important:** A minimum of \$250 must be raised ONE MONTH prior to event to qualify for shirt.

Why have you chosen to participate in the ALZ Stars program?

Event and Fundraising Information:

As an ALZ Stars volunteer supporting the Alzheimer's Association and its mission, I hereby agree to participate in the following event and to raise the designated fundraising minimum by the fundraising date.

Name of event participating in _____

Date of event _____ Location of event _____

Fundraising goal \$_____ (minimum of \$250 required to participate in the ALZ Stars program)



Event and Fundraising Information (cont.):

Please check all that apply:

_____ I will collect the funds myself and turn them into the Chapter by _____ (date).
Please explain how you will be collecting and turning in the donations.

_____ I would like the donations mailed directly to the Chapter.
If so, please inform your donors to address their envelopes to the attention of ALZ Stars.

_____ I would like my donors to be able to use the Chapter’s online credit card donation process.
If you choose this option, I will provide you with the steps to pass along to your supporters.

Assumption of Risk, Release and Permission

In consideration of being allowed to participate as a member of the Alzheimer’s Association ALZ Stars program (“Program”) in the “Event”, I on behalf of myself, 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 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 Program, 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 certify that I am in good health, physically fit, and capable of participation in the Program, 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 Program. I understand, or will educate myself about, the dangers of dehydration and hypernatremia (low blood sodium) and will take precautionary measures to prevent these conditions.

I understand that my name, photograph, voice or likeness may be used by the Alzheimer’s Association, their licensees, affiliates and employees in photographs, video and other recordings. I consent to and authorize, in advance, such use and waive any rights of privacy and/or publicity I may have in connection therewith.

Signature _____ Date _____

Return form to Cindy Giddings via fax, email or mail.
913.831.1916 (fax)
cindy.giddings@alz.org