

# Registration Form

Complete the registration form in black or dark blue ink. You can also register online at [www.alz.org/memorywalk](http://www.alz.org/memorywalk).

Walk location

Team name

I am a  team captain  team member  individual

My goal is to raise \$\_\_\_\_\_ to help end Alzheimer's disease.  
(The recommended minimum goal is \$200.)

*All participants who raise \$100 will receive a Memory Walk T-shirt.*

First name

Last name

Address

City

State  Zip

Phone (Day)  Phone (Evening)

E-mail address

Company name

Job title

Yes, my company has a matching gifts program.

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

**Gender**  Male  Female

**Birthdate**

**Choose one**  African-American/Black  American Indian/Alaskan Native  Asian  Caucasian/White  Hispanic/Latino  Pacific Islander  Other \_\_\_\_\_

**T-shirt size**  Medium  Large  X-Large  XX-Large

**How did you hear about us?**  Chapter mailing  Web site  Family  Friend  Past participant  Work colleague  TV/radio/print ads  Other \_\_\_\_\_

**Please choose the closest affiliation you have to Alzheimer's disease:**

I have/had a family member with Alzheimer's disease

I am a caregiver for someone with Alzheimer's disease

I have a friend with Alzheimer's disease

I have been diagnosed with Alzheimer's disease

I do not know anyone with Alzheimer's disease

**I am interested in information about:**

Joining the Memory Walk steering committee

Advocating for people affected by Alzheimer's

Other volunteer opportunities with the Alzheimer's Association

Including the Alzheimer's Association in my will, trust or estate plan

More information about Alzheimer's disease

Other \_\_\_\_\_

**Enclosed is my personal donation of:**  \$200  \$100  \$50  \$25  Other \_\_\_\_\_

To make a credit card donation, please go online: [www.alz.org/memorywalk](http://www.alz.org/memorywalk)

Please donate the value of any of my fund-raising prizes back to the Alzheimer's Association.  Yes  No

**Assumption of Risk, Release and Permission**

In consideration of being allowed to participate in Memory Walk, I hereby expressly assume all risks of personal injury, death or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in this event. I hereby release and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from or in connection with any and all liability and claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant in photographs, video, online, or via other media or recordings.

**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 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.