



ALZHEIMER'S ASSOCIATION – MID-MISSOURI CHAPTER VOLUNTEER REGISTRATION – October 9, 2011

First Name _____ M.I. _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ O.K. to call work? Y N
E-mail Address _____
T-Shirt (check your size): S _____ M _____ L _____ XL _____ XXL _____
Are you an Alzheimer's family member? Y N What is your interest in or experience with Alzheimer's Disease?

How did you hear about the Alzheimer's Association? _____

VOLUNTEER POSITIONS for "Walk to End Alzheimer's". Please select an area(s) that is of interest to you.
Arrival times indicated are beginning approximate times only. You will be notified of exact time to arrive.

Set up _____ (9 am) **Parking** _____ (10 am) **Registration & T-Shirts** _____ (10:30 am)
Food _____ (10:30 am) **Kids area** _____ (10:30 am) **5K** _____ (12 noon)
Promise Garden _____ (10:30 am) **Information** _____ (10:30 am) **Advocacy** _____ (10:30 am)
Water Stations _____ (12:30 pm) **Trash** _____ (2:30 pm) **Take Down** _____ (2:30 pm)

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT:

In consideration of my volunteering for the Walk to End Alzheimer's, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of my performance or failure of performance, from the Alzheimer's Association, the owner of the site and their agents, representative successors and assigns.

I, the undersigned, also hereby authorize and consent to any first aid, medication, medical treatment deemed necessary in case of an emergency.

X _____ X _____
Volunteer's Signature Parent or Guardian Signature if volunteer under 18

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

Please return no later than September 26th to:

Alzheimer's Association – Mid-Missouri Chapter
ATTN: Marissa Todd
2400 Bluff Creek
Columbia, MO 65201
FAX: 573-499-9701
Marissa.todd@alz.org
573-443-8665