



## 2009 Memory Walk Personal Story Submission

Memory Walk 2009 is looking for unique, inspiring and newsworthy stories about why you have chosen to participate in one of this year's walks hosted by the Alzheimer's Association Minnesota-North Dakota. By completing and signing this form, you grant us permission to allow the media and our office to contact you. Your story may be profiled by the Alzheimer's Association and/or shared with the media. Please complete this form thoroughly and include a paragraph or two of why you are participating in the walk. Thank you!

Forms should be emailed, faxed or mailed by **September 1** to [ashley.snell@alz.org](mailto:ashley.snell@alz.org); Alzheimer's Association Minnesota-North Dakota Chapter, 4550 West 77<sup>th</sup> Street, Suite 200, Minneapolis, MN 55435; Fax #: 952-830-0513.

(Please Print)

**Name:** \_\_\_\_\_ **Age on September 26, 2009:** \_\_\_\_\_

**Gender:**  M  F **Occupation/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**What is the name of your local newspaper?** \_\_\_\_\_

**Which Memory Walk site are you participating in?** \_\_\_\_\_

**How many years have you participated in Memory Walk?** (include 2009 in total) \_\_\_\_\_

**What is your relationship to Alzheimer's disease?** \_\_\_\_\_

**Why are you walking in this year's Memory Walk?** \_\_\_\_\_

*For additional space, please continue writing on the reverse side or on an additional page.*

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 or other recordings.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**