



2011 REGISTRATION FORM

Complete the registration form in black or dark blue ink. You can also register online at www.alz.org/walk.

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 Walk to End Alzheimer's 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

I would like to decline all prizes and donate the cost back to the Association. I would like to decline all prizes except for my event T-shirt.

How did you hear about us? Chapter mailing Web site Family Friend Past participant Work colleague TV ads Radio ads Print ads

Other _____

I am interested in information about:

Joining the Walk to End Alzheimer's steering committee

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 _____

I know someone who has/had Alzheimer's disease.

I want to use my Voice to advocate for people affected by Alzheimer's.

I'm taking the first step by supporting the Alzheimer's Association. Enclosed is my personal donation of: \$200 \$100 \$50 \$25 Other _____

To make a credit card donation, please go online: www.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 _____