



2019 PARTICIPANT REGISTRATION FORM

MAIL TO: The Longest Day
P.O. Box 6804
Hagerstown, MD 21741-6804
(Note: FedEx and UPS do not deliver to P.O. Boxes.)

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Company name (if applicable): _____

Team name or fundraiser title: _____ Fundraising goal: \$ _____

New participants only – create a username and password:

Preferred username: _____ Password: _____

HOW ARE YOU PARTICIPATING? (SELECT ONE)

<input type="checkbox"/> I am starting a team or fundraiser.	<input type="checkbox"/> I am joining a team or fundraiser.
<p>Registration includes a Welcome Kit with a T-shirt. Register by 12/21/18 and receive a free insulated cooler bag.</p> <p><input type="checkbox"/> \$20* <input type="checkbox"/> \$0 (Promo code: _____)</p> <p><small>*Goes toward your fundraising goal.</small></p>	<p>Registration donation not required. T-shirt available for purchase. Register by 12/21/18 and receive a free insulated cooler bag.</p>
<p>T-shirt (select one): By 2/28/19 <input type="checkbox"/> \$0 – Performance material T-shirt</p> <p>Starting 3/1/19 <input type="checkbox"/> \$0 – Standard cotton T-shirt <input type="checkbox"/> \$5 – Performance material T-shirt</p> <p>T-shirt size (circle one): S M L XL XXL</p>	<p>T-shirt (select one): By 2/28/19 <input type="checkbox"/> \$5 – Performance material T-shirt</p> <p>Starting 3/1/19 <input type="checkbox"/> \$5 – Standard cotton T-shirt <input type="checkbox"/> \$10 – Performance material T-shirt</p> <p>T-shirt size (circle one): S M L XL XXL</p>
<p><input type="checkbox"/> Kick start my fundraising with a personal donation of: \$ _____</p>	<p><input type="checkbox"/> Kick start my fundraising with a personal donation of: \$ _____</p>
<p>TOTAL (add dollar amount of above boxes): \$ _____</p>	<p>TOTAL (add dollar amount of above boxes): \$ _____</p>

PAYMENT

Enclosed is my check payable to the Alzheimer's Association.

OR

Charge my credit card (check one): Visa Mastercard American Express Discover

Credit card number: _____ Expiration date: _____ CVV code: _____

Signature: _____ Date: _____

_____ I agree with the terms and conditions (initial here – see below.)

TERMS & CONDITIONS

ASSUMPTION OF RISK, RELEASE AND PERMISSION IN CONNECTION WITH THE LONGEST DAY THIRD PARTY EVENT

In consideration of being a participant in or an attendee at a third party event (such event to include preparation, training and planning as well as post event wrap up and/or recap) planned and organized by an individual or group independent of the Alzheimer's Association to coincide with the Alzheimer's Association The Longest Day® (the "Event"), which is an event that may include physical and other risks including, but not limited to, injuries, falls, interaction with other participants, effects of weather, traffic and conditions on the road, location or venue of the Event chosen by the individual or group independent from the Alzheimer's Association, I on behalf of myself, my child or ward, 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 expressly 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 Event, 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 agree to put my safety first and to comply with all laws relating to the use of technology or smartphones and other devices during the Event. I certify that I am in good health, physically fit, and capable of participation in the Event, 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 Event. I understand, or will educate myself about, the dangers of dehydration and hyponatremia (low blood sodium) and will take precautionary measures to prevent these conditions.

I agree that my assumption of risk and this release shall be as broad and inclusive as is permitted under applicable law, and that if any portion thereof is held invalid, it is agreed that the remainder shall notwithstanding, continue in full force and effect.

If I am the third party Event organizer, I agree to comply and require my participants to comply with the Alzheimer's Association trademark guidelines and will only use a trademark of the Alzheimer's Association as specifically authorized and approved in each instance. I Acknowledge that I have no rights in the Alzheimer's Association trademarks and any permitted use is a limited, non-exclusive, revocable license.

I understand that my name, photograph, voice or likeness may be used by the Alzheimer's Association and/or Event organizers, their licenses, affiliates and employees in photographs, video and other recordings. I grant full permission in perpetuity to the organizers of this Event and the Alzheimer's Association, their representatives, successors, assigns, licensees, employee and any person corporation or entity acting under their permission to use, re-use, reproduce, distribute, publish and re-publish my name and image as participant in the Event in any still or moving photographic image, likeness, video, sound or other recordings of me during the Event. I consent to and authorize, in advance, such use and expressly waive any rights of privacy and/or publicity I may have in connection therewith.

The Alzheimer's Association is committed to providing an environment free from harassment and discrimination. The Alzheimer's Association strictly prohibits harassment and discrimination based race; creed; color; religion; gender; sex; sexual orientation; national origin; ancestry; age; veteran status; citizenship status; marital status; physical or mental disabilities; pregnancy, gender identity or expression (including transgender status); and genetic information any other characteristic protected by federal, state or local law.

REGISTER ONLINE AT [ALZ.ORG/THELONGESTDAY](https://www.alz.org/thelongestday).