



REGISTRATION FORM

Complete this form in ink and return it to your local chapter. To find your local chapter or Walk, visit alz.org.

I am a Team Captain Team member Individual

My goal is to raise \$_____ to help end Alzheimer's disease. (The recommended minimum goal is \$225)

*Most Walks ask for a fundraising minimum of \$100 per participant to receive a T-shirt. Contact your local chapter to confirm the T-shirt minimum for your Walk.

Walk location

Team name

First name

Last name

Address

City

State ZIP

Phone (cell)

Phone (home)

Email

Company name

Yes, my company has a matching gift program.

I'm taking the first step by supporting the Alzheimer's Association. Enclosed is my personal donation of: \$120 \$60 \$35
 Other \$_____

To make a credit card donation, please visit: 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 _____

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

Gender Male Female I prefer not to answer Birthdate

Choose one African-American/Black American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino Native Hawaiian/Other Pacific Islander
 Two or more races Other race I prefer not to answer

Please select your highest level of education Less than high school degree High school graduate Some college Bachelor's degree
 Post/Professional degree I prefer not to answer

T-shirt size Small Medium Large X-Large XX-Large I would like to decline all prizes and donate the cost back to the Alzheimer's Association.

How did you hear about this year's Walk? Television advertisement Radio advertisement Print advertisement Web advertisement Other advertisement
 I saw poster or brochure in my community I was recruited at a community event I received information in the mail
 Email from the Alzheimer's Association Phone call from the Alzheimer's Association Alzheimer's Association website
 Facebook Twitter Family Friend Co-worker My company Other _____

What is your closest connection to the cause? I have Alzheimer's disease or another dementia
 I have lost someone to Alzheimer's
 I don't have a close connection but support the cause and a vision of a world without Alzheimer's
 I support or care for someone with Alzheimer's
 I prefer not to answer

CONTRIBUTION TRACKING FORM



Participant's Information *(please complete as fully as possible)*

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Team Name _____ Walk Name, City, State _____

Please make checks payable to Alzheimer's Association®. Thank you!

Donor's Name*	Address/City/State/ZIP*	Phone	Amount	Check	Cash	CC

Total Amount Collected: \$ _____

*Please include donor's name and address so they may receive acknowledgement of donation.