Alzheimer's Walk 2009
Waiver and Release of Liability

Team Captain: _____ **Phone No.** _____ **Team Name:** _____

I hereby waive all claims against the Alzheimer's Disease Assistance Center, sponsors, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.	
PLEASE PRINT Name & Address (please include zip code & apt no.)	**Signature** (parent/legal guardian's signature required if participant is a minor.)

Walk Site: Plattsburgh, NY **Walk Date:** October 25, 2009 **Money Raised:** _____