Alzheimer's Walk

Registration/Sponsor Form

Name

Team Name

Address

Phone

☐ I am walking as an individual

☐ I am walking as a Team

Team Captain _____

# of people walking with me _____

☐ I am unable to walk but would like to make a donation

☐ My check is enclosed

☐ Charge the following

☐ Discover ☐ Visa ☐ MasterCard

Credit Card Number _____

Expiration Date _____

Signature _____

Please Indicate Your Age Group

☐ under 17 ☐ 18 to 23 ☐ 24 to 45

☐ 46 to 60 ☐ 61+

How Did You Hear About the Walk?

☐ Brochure ☐ Media ☐ Website ☐ Other

Waiver and Release of Liability

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.

Signature _____ Date _____

Parent/Guardian _____

Sponsor's Name	Address	Amount Received