



* Please include both registration and offline donation form when attending the Walk in your area or delivering to an office in your region.

WALKER INFORMATION

Thank you for helping us raise funds for Alzheimer's care, support and education.

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE MAIN OTHER

EMAIL _____

TEAM NAME (if applicable) _____ CAPTAIN _____

EVENT CITY _____

**REGISTER
AND
FUNDRAISE
ONLINE**

walkforalzheimers.ca

We want to learn more about who our Walk supporters are. This information is for data collection purposes only.

AGE Under 12 13-18 19-34 35-64 65+

Is this your first time participating in the Walk? YES NO

How did you hear about this event? _____

I give permission for the Alzheimer Society to contact me.

Who are you walking for?

PARTICIPANT RELEASE AND WAIVER

In consideration of all Alzheimer Societies in Canada (hereinafter referred to as the "Alzheimer Society") permitting me to participate in this event, I, or if under the age of majority my parent or guardian, hereby, for myself, executors, administration and personal representatives, release the organizers of this event, the event sponsors, and the Alzheimer Society, its employees, board of directors and all third parties associated with the Alzheimer Society from all liability claims of any kind whatsoever that I might have for personal injuries or property losses suffered by participation in this event.

I certify I have full knowledge of the risks involved in this event, that I am physically fit and able to participate, and I am over the age of majority in my province or territory of residence.

I give the Alzheimer Society permission to use my name and photo in all forms of media and promotional materials in perpetuity for no compensation of any kind. Photos and videos from the event may also be used to help the Alzheimer Society promote the event in flyers, brochures, and other materials.

By signing below, I acknowledge having read this release. Parent or guardian signature if under the age of majority.

Signature _____

Date _____

PRIVACY STATEMENT

The Alzheimer Society is committed to protecting the privacy of people whose personal information is collected and held by the Alzheimer Society and we adhere to all legislative requirements with respect to protecting privacy. The information you provided will be used to keep you informed on the activities of the Alzheimer Society including programs, services, special events, funding needs and opportunities to volunteer or give.

For more information please contact:

Alzheimer Society



WALKER PARTICIPANT NAME: _____
 TEAM NAME OR CAPTAIN: _____
 EVENT CITY: _____

Please **PRINT** the name and address of each donor clearly.

DONOR'S NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	PHONE	AMOUNT	DONATION OR REGISTRATION	PAYMENT			RECEIPT?
								CASH	CHEQUE	CC / DEBIT	
Jane Sample	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	613 555 1234	\$20					YES
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
THANK YOU for your generous support!				TOTAL:							

TAX RECEIPTS: Those who contribute a minimum donation amount will automatically receive an official tax receipt provided contact information is both legible and complete.

Alzheimer *Society*

walkforalzheimers.ca