



Alzheimer Society

Walker Name: _____

Walker Address: _____

Walker City: _____ **Walker Postal Code:** _____

Walker Email: _____ **Walker Phone:** _____

What region are you walking in?

- Wolfville – Annapolis Valley Region
- Truro – Cumberland, Colchester & East Hants Region
- Amherst – Cumberland, Colchester & East Hants Region
- Yarmouth – Digby, Yarmouth & Shelburne Region
- Long Term Care Challenge
- Bridgewater – South Shore Region
- Halifax – Halifax Region
- Trenton – Antigonish, Guysborough & Pictou Region
- Sydney – Cape Breton Region

Team Name (if applicable): _____

Are you the Team Captain of the above team? Yes No

Emergency Contact: _____

Participant Release & Waiver:

Everyone must sign this waiver. If under 19, a parent or guardian must sign.

In consideration of the Alzheimer Society of Nova Scotia’s permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents and volunteers, the event sponsors, and the Alzheimer Society of Nova Scotia from all liability the Alzheimer Society of Nova Scotia, all 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 and I am physically fit and able to participate, and unless indicated to the contrary by the signature of the guardian below, I am 19 years or older. By giving the Alzheimer Society of Nova Scotia permission to use my name and photo in media promotional materials I am helping to build awareness that will bring the Society closer to its vision of a world without Alzheimer’s disease and dementias. Photos and videos from the Walk may also be used to help the Society promote the event in flyers, brochures, and other materials.

Signature: _____ **Date:** _____

Privacy Statement & Consent:

The Alzheimer Society of Nova Scotia is committed to protecting the privacy of people whose personal information is collected and held by the Alzheimer Society of Nova Scotia 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 of Nova Scotia including programs, services, special events, funding needs and opportunities to volunteer or give.

I give consent to the Alzheimer’s Society of Nova Scotia to contact me.

Walker Name: _____ Walker Team: _____

Donor Name	Donor Address	Donor City	Donor Postal Code	Donor Email	Donor Phone	Donation Amount	Receipt Request
First Last	2719 Gladstone St	Halifax	B3K 4W6	alzheimer@asns.ca.	902-422-7961	\$20	Leave this space blank for no receipt. <input type="checkbox"/> via Mail <input type="checkbox"/> via Email
1							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
2							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
3							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
4							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
5							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
6							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
7							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
8							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
9							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
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11							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
12							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
13							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
14							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
15							<input type="checkbox"/> via Mail <input type="checkbox"/> via Email
Thank you for your generous support!						Total:	

In order to receive a tax receipt, a donor's full name and address information must be provided and legible. Only donors who donate a minimum of \$10 will be eligible for a receipt. Receipts will be sent to the donor via their preferred method indicated under the Receipt Request column.

Donations will be credited to the Walker & Walk Team on the attached registration form, provided all information is complete & legible.

For cheque donations, please make cheque donations payable to the Alzheimer Society of Nova Scotia.