



Sunday 25th May 2025 at 10am Parc historique Pointe-du-Moulin 2500, boul Don Quichotte, Notre-Dame-de-l'Île-Perrot

WALKER INFORMATION

NAME

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

ADDRESS		REGISTER AND	
CITY	POSTAL CODE	FUNDRAISE	
PHONE MAIN	OTHER	ONLINE	
EMAIL		www.walkforalzheimers.ca	
	CAPTAIN	Choose Suroit	
EVENT REGION: Surc			
I give permission t	or the Alzheimer Society Suroît to contact me.		
In consideration of all Alzheimer Societies in Canada (hereinafter referred to as the "AlzheimerSociety") 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.		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,	
By signing below, I acknowledge h Parent or guardian signature if un	·	special events, funding needs and opportunities to volunteer or give	
Signature			
ga.u.o			



Société Alzheimer Society

1-877-773-0303

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

both legible and complete. TAX RECEIPTS: Those who contribute a minimum donation of \$20 will automatically receive an official tax receipt provided the contact information given is