

## Société Alzheimer Society

COCHRANE-TEMISKAMING

## WALKER INFORMATION

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

PHONE MAIN OTHER PUNDRAIS ONLIN  TEAM NAME (if applicable) EVENT CITY  We want to learn more about who our Walk supporters are. This information is for data collection purpose Age Under 12 13-18 19-34 35-64 65+  How did you hear about this event?  I give permission for the Alzheimer Society to contact me.  PARTICIPANT RELEASE AND WAIVER  In consideration of all Alzheimer Societies in Canada (hereinafter referred to as the "Alzheimer Society," its employees, board of directors and all third parties associated with the Alzheimer Society, its employees, board of directors and all third parties associated with the Alzheimer Society, its employees, board of directors and all third parties associated with the Alzheimer Society, its employees, board of directors and all third parties associated with the Alzheimer Society prom 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, brocketing privacy. The information you provided will be brochures, and other materials.  By signing below, I acknowledge having read this release. Parent or guardian signature if under the age of majority.	NAME	REGISTER
PHONE MAIN OTHER ONLIN  TEAM NAME (frapplicable) EVENT CITY  We want to learn more about who our Walk supporters are. This information is for data collection purpose Age Under 12 13-18 19-34 35-64 65+ How did you hear about this event?  How did you hear about this event?  I give permission for the Alzheimer Society to contact me.  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, 1, 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 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.  I certify I have full knowledge of the risks involved in this event.  I certify I have full knowledge of the risks involved in this event.  I certify I have full knowledge of the risks involved in this event.  I certify I have full knowledge of the risks involved in this event.  I certify I have full knowledge of the risks involved in this event.  By signing below, I acknowledge having read this release.  Parent or guardian signature if under the age of majority.  Signature		AND
EMAIL  TEAM NAME (if applicable) EVENT CITY  We want to learn more about who our Walk supporters are. This information is for data collection purpose age. Under 12 13-18 19-34 35-64 65+  How did you hear about this event?  Who are you walking for the Alzheimer Society to contact me.  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 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.  Parent or guardian signature if under the age of majority.  Signature		
TEAM NAME (if applicable) EVENT CITY  We want to learn more about who our Walk supporters are. This information is for data collection purpose age. Under 12	PHONE MAIN OTHER	
We want to learn more about who our Walk supporters are. This information is for data collection purpose Age Under 12		ONLINE
How did you hear about this event?  I give permission for the Alzheimer Society to contact me.  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.  I certify I have full knowledge of the risks involved in this event.  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  Who are you walking for which is the sum of the sevent me.  Who are you walking for the late is the sum of the sevent me.  Who are you walking for the late is the sum of the sevent me.	(if applicable)	walkforalzheimers.ca
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  I give permission for the Alzheimer Society is under the age of majority in with the Alzheimer Society is committed to protecting the privacy of peop whose personal information is collected and held by the Alzheims 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, speevents, funding needs and opportunities to volunteer or give events, funding needs and opportunities to volunteer or give		is for data collection purposes only.
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 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  Signature	How did you hear about this event?	Who are you walking for?
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 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.  PRIVACY STATEMENT  The Alzheimer Society is committed to protecting the privacy of peop 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, speevents, funding needs and opportunities to volunteer or givents, funding needs and opportunities to volunteer or givents.	I give permission for the Alzheimer Society to contact me.	
"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  Signature	PARTICIPANT RELEASE AND WAIVER	
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.  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, specievents, funding needs and opportunities to volunteer or give	"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	The Alzheimer Society is committed
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  Signature		whose personal information is collected and held by the Alzheimer
Parent or guardian signature if under the age of majority.  Signature  including programs, services, specievents, funding needs and opportunities to volunteer or give	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,	legislative requirements with respect to protecting privacy. The information you provided will be used to keep you informed on the
		including programs, services, special
Date	Signature	
	Date	

For more information please contact:

Roxanne Miller Phone: 705-268-4554

Email: awareness@alzheimertimmins.com



## Société Alzheimer Society

COCHRANE-TEMISKAMING

Please PRINT the name and address of each donor clearly

DONOR'S NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	AMOUNT	RECEIPT		
Jane Sample	123 Sample st	Sampelton	A1B 2C3	jsamle@email.com	613 555 1234	\$20	YES		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
THANK VOLL for your government			TOTAL						

**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.

