

Foothills Alzheimer's Tennessee WALK REGISTRATION FORM

To pre-register for a WALK t-shirt, return by April 16.* See fundraising requirements for all incentive items on Contribution Form.*

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone: () _____

Email address _____

D.O.B. only required for Youth Prizes

Date of Birth _____ Male Female

I AM WALKING:

with team name: _____

as an individual

as the team captain

T-SHIRT SIZE: S M L XL XXL XXXL

(FOR WALKERS WHO RAISE \$50 & PRE-REGISTER BY April 16)

I AM MAKING A PERSONAL DONATION NOW:

\$25 \$50 \$100 \$200 \$ Other

\$ _____ IS ENCLOSED

Waiver and Release of Liability

I hereby waive all claims against the Alzheimer's Tennessee, Inc., sponsors, Maryville College, their employees, officers, volunteers or any other person or organization involved in providing the opportunity to participate in the Alzheimer's Tennessee, Inc. Alzheimer's Walk 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 X _____

X _____

(Parent or guardian's signature if under 18 years of age.)

I AM UNABLE TO WALK BUT WOULD LIKE TO DONATE:

\$25 \$50 \$100 \$200

\$ Other \$ _____ IS ENCLOSED

REQUIRED INFORMATION TO WALK