

# Knoxville Alzheimer's Tennessee WALK REGISTRATION FORM

To pre-register for a WALK t-shirt, return by April 2nd.\* 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 2nd)

## 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 Alzheimer's Tennessee, Inc., sponsors, University of Tennessee, UT Gardens, City of Knoxville, their employees, officers, volunteers or any other person or organization involved in providing the opportunity to participate in 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

Mail in registration form ONLY. Turn in contribution form with fundraising monies.

REQUIRED INFORMATION TO WALK