

# PARTICIPANT REGISTRATION FORM AND WAIVER



## ALZHEIMER & PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY

### SATURDAY, NOVEMBER 14, 2020 AT RIVERSIDE PARK

Information required for all walkers. Please fill out, sign and date below.

NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Are you walking in honor or memory of someone? \_\_\_\_\_

I am supporting the Walk as a:  Team Captain  Team Member  Individual Walker

### **ALL WALK PARTICIPANTS MUST SIGN THE FOLLOWING WAIVER:**

The **WALK TO REMEMBER** is an activity that involves walking, which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. I, as a Participant, hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the **WALK TO REMEMBER** and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during the event, I am solely responsible for my own health and safety. I represent that I am physically able to attend or participate in this event. I hereby, for myself, my heirs, executors and administrators, release, discharge and agree not to sue the Alzheimer & Parkinson Association of IRC, its respective officers, directors, volunteers, employees, sponsors and agents, and release from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities – whether resulting from the negligence of any of the above or from any other cause. I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect. I grant full permission in perpetuity to the organizers of this event to use, reuse, publish and republish my name and image as a participant in the **WALK TO REMEMBER** event in photographs, video or other recordings. I have read, understand and agree to the terms of this agreement.

If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below: *I am the parent and/or legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return this form to the Alzheimer & Parkinson Association before 11/14/20!***

2300 5<sup>th</sup> Avenue, Suite 150 · Vero Beach FL 32960 · 772.563.0505 · [www.alzpark.org](http://www.alzpark.org) · [www.walktoremembervero.org](http://www.walktoremembervero.org)



## DONATION FORM

NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Are you supporting:

A Walker: \_\_\_\_\_  A Team \_\_\_\_\_

A General Donation to Support Local Families Struggling with Memory and Motion

I wish to make a difference for families with Alzheimer's and Parkinson's through the Alzheimer & Parkinson Association of Indian River County in the amount of:

\$1,000     \$500     \$150     \$75     \$25    Other Amount: \$ \_\_\_\_\_

Enclosed is my check payable to:

I prefer to pay by credit card     VISA     MasterCard     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Thank you for your important support!*

***Please return this form to the Alzheimer & Parkinson Association before 11/14/20!***

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## WHO IS SUPPORTING YOU or YOUR TEAM?

Your Information as a \_\_\_ Walker or \_\_\_ Team Captain:

**NAME:** \_\_\_\_\_ **TEAM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**Ask your friends, family, co-workers, community to help! Please make checks payable to: AlzPark**

Donor's Name	Address, City & State	Phone (Cell)	Phone (Home)	Amount	Check	Cash	Credit Card
<b>Total Amount Collected:</b>							