

WALKER INFORMATION

Help raise funds for Alzheimer's care, support and education.

NAME _____
ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE CELL HOME
EMAIL _____
TEAM NAME (if applicable) _____ CAPTAIN _____
EVENT CITY _____ I WILL BE ATTENDING IN PERSON ON MAY 24 YES NO

REGISTER
AND
FUNDRAISE
ONLINE
alzswp.ca/wfa

We want to learn more about who our Walk supporters are. This information is for data collection purposes only.

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 the Alzheimer Society permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents and volunteers, 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 unless indicated to the contrary by the signature of the guardian below, I am 19 years or older.

By giving the Alzheimer Society permission to use my name and photo in media promotional materials I am helping to build awareness that will bring the Society closer to its vision of a world without Alzheimer's disease and dementias.

Photos and videos from the Walk may also be used to help the Society promote the event in flyers, brochures, and other materials.

Signature _____

Date _____

Everyone must sign this waiver. If under 19, a parent or guardian must sign.

Who are you walking for?

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, special events, funding needs and opportunities to volunteer or give.

For More Information Please Contact:

Mike Wojtowicz
Phone: 519-680-2404 ext. 156
Email: michael.wojtowicz@alzswp.ca



Alzheimer Society
SOUTHWEST PARTNERS

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

| SPONSOR'S NAME | ADDRESS | CITY | POSTAL CODE | EMAIL | TELEPHONE | AMOUNT | RECEIPT? | |
|---|-------------|----------------|-------------|---------|-------------------|---------------|----------|-----|
| 1 | Jane Sample | 123 Sample St. | Sampleton | A1B 2C3 | jsample@email.com | 613 555 1234 | \$20 | YES |
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| THANK YOU for your generous support! | | | | | | TOTAL: | | |