

ANY/ALL WALKERS PRESENT ON WALK DAY MUST SIGN THIS FORM!

The Alzheimer's Arkansas Walks 2017 Walker Registration Form

Walk Site: _____ Date: _____

Team Captain or Individual Name: _____

Team Name: _____

WALK WAIVER AND RELEASE OF LIABILITY: THE BELOW SIGNED PERSON(S), HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE ALZHEIMER'S ARKANSAS, SPONSORS OF THIS EVENT, OR ANY PERSONNEL, VOLUNTEERS, DIRECTORS, OFFICERS OF ALZHEIMER'S ARKANSAS OR ANY SPONSOR, OR ANY OTHER PARTICIPANT (COLLECTIVELY "RELEASEES"), FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, LIABILITIES OR EXPENSES (COLLECTIVELY, "CLAIMS"), THAT I(WE) MAY NOW OR HEREAFTER HAVE AGAINST RELEASEES ARISING FROM MY PARTICIPATION IN THIS EVENT AND AS TO (WE). EACH BELOW SIGNED PERSON ATTESTS THAT HE OR SHE IS PHYSICALLY FIT AND PREPARED FOR THIS EVENT AND THAT SUCH PERSON HAS READ AND UNDERSTOOD THIS WAIVER OF RIGHTS.

PERMISSION FOR RELEASE OF INFORMATION: THE BELOW SIGNED PERSON(S) GIVE PERMISSION TO ALZHEIMER'S ARKANSAS TO USE ANY AND ALL INFORMATION FROM ALL INTERVIEW/PHOTO SESSIONS FOR PUBLICATION IN ANY AND ALL FUTURE PUBLICITY MATERIALS. THIS RELEASE INCLUDES DIRECT QUOTATIONS WITHIN NEWS ARTICLES, PHOTOGRAPHS OF MY LIKENESS, AND INFORMATION ABOUT MYSELF PERTAINING TO MY AFFILIATION WITH ALZHEIMER'S ARKANSAS. I UNDERSTAND THAT PHOTOS PUBLISHED WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE AND WILL NOT PUBLISH THE IDENTITY OF ANY MINOR(S) PICTURED IN THE PHOTOGRAPHS PROVIDED.

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

(or signature of Parent or Guardian if under 18)

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

(or signature of Parent or Guardian if under 18)

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

(or signature of Parent or Guardian if under 18)

NAME: _____ AGE: _____

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NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

(or signature of Parent or Guardian if under 18)

NAME: _____ AGE: _____

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