



WALK EVENT WAIVER AND RELEASE OF LIABILITY FORM

Note: All **Individual** Walkers must sign a Walk Event Waiver and Release of Liability form. **Team** Walkers will sign their Team Registration forms.

EVENT: _____

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I hereby waive all claims against ALZHEIMER'S ARKANSAS PROGRAMS AND SERVICES, sponsors, or any personnel 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 photography of me and quotations from me in legitimate accounts and promotions of this event.

SIGNATURE: _____ DATE: _____

(Parent or guardian signature if walker is less than 18 years of age)

This form must be mailed or faxed in to Alzheimer's Arkansas before the Walk or turned in at Pre-registration or the day of the Walk. If this form is not received by then, you will be asked to sign another form before you can join the Walk.