



# Alzheimer's Arkansas Walks

## 2017 Individual or Team Registration Form

Yes, I/we will form a participate in (please check)

Russellville 8/19 \_\_\_\_\_ Helena 9/9 \_\_\_\_\_ Hot Springs 9/16 \_\_\_\_\_  
 Little Rock 10/7 \_\_\_\_\_ Conway 10/28 \_\_\_\_\_

This registration form is for an Individual or Team? (Circle One)

I/We will be participating in the following category (please check)

\_\_\_\_\_ Corporate \_\_\_\_\_ Community \_\_\_\_\_ Family \_\_\_\_\_ Individual

**Team Registration:**

Team Name \_\_\_\_\_  
 Business/ Community Organization Name \_\_\_\_\_  
 Business Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Team Captain Name \_\_\_\_\_ E-mail: \_\_\_\_\_

**Individual Registration:**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ Phone (other) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

I/Our team will walk in **MEMORY** or **HONOR** of \_\_\_\_\_

Individual or Team Captain Signature \_\_\_\_\_

Date \_\_\_\_\_

Will you or your team have their own t-shirts or will you want the Alzheimer's Arkansas Walk t-shirts?

\_\_\_\_\_ Yes, we will have our own t-shirts

\_\_\_\_\_ No, we want the Alzheimer's Arkansas Walk t-shirts and will need approximately the following:

\_\_\_\_\_ \*Child Small \_\_\_\_\_ \*Child Medium \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium

\_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XLarge \_\_\_\_\_ Adult XX Large \_\_\_\_\_ XXX Large Other:

**\*We will be ordering only 50 child t-shirts this year and will be on a first order basis**

*Please note: This form only registers you as an individual or your team.*

Before the Walk we encourage you attend early Walk registration in your community. You can pick up Walk shirts at that time and turn in any proceeds raised. Remember that individuals and team members must sign your the **Walker Registration Form** which can be also turned in at early Walk registration or at registration on Walk Day.

**Please mail, email or fax this form to**

# The Alzheimer's Arkansas Walks

## 2017 Walk Collection Form

*(PLEASE PRINT)*

WALK Site: \_\_\_\_\_ Individual or \_\_\_\_\_  
 Team Name: \_\_\_\_\_

Individual or \_\_\_\_\_  
 Company / Family / Organization Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Individual or Team Captain's  
 Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Individual or \_\_\_\_\_  
 Team Category: Community \_\_\_\_\_ Corporate \_\_\_\_\_ Family \_\_\_\_\_

**DESIGNATE ALL PROCEEDS TO TEAM CAPTAIN: YES \_\_\_\_\_ NO \_\_\_\_\_**

PROCEEDS FROM Team Member or Individual Name	PROCEEDS Turned In Pre-Registration Day	PROCEEDS Turned In Event Day	Tee Shirt Requested Y or N	T-Shirt Size	CHECK <input type="checkbox"/>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
<b>Pre-Registration Total \$</b>					
	<b>WALK Day Total \$</b>				
<b>GRAND TOTAL RAISED:</b>					

\_\_\_\_\_ # T-Shirts issued at Pre-Registration      \_\_\_\_\_ # Caregivers present at the WALK  
 \_\_\_\_\_ # Tickets issued at Pre-Registration      \_\_\_\_\_ # Children\* present at the WALK  
 \_\_\_\_\_ # Participants present at the WALK                      \*(age 0 to 17 years)

**DO NOT fax or mail this form to the office**

**Attach this form to the "Walker Registration Form(s)" and bring to Pre-Registration and/or  
 Registration on Walk Day along with MONEY raised.  
 ALZHEIMER'S ARKANSAS PROGRAMS AND SERVICES**

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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(or signature of Parent or Guardian if under 18)

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

Page \_\_\_\_\_ of \_\_\_\_\_

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.

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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: \_\_\_\_\_

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)



Rally

and



Across Arkansas

## WALKER SPONSOR PLEDGE FORM (Only one Walker per Pledge Form)

Walk Location: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Team Name (If applicable): \_\_\_\_\_

- THINGS TO REMEMBER:**
1. **PRINT** all information.
  2. **SIGN** this form at the bottom.
  3. **BE SURE** your sponsors understand their commitment to you and Alzheimer's Arkansas
  4. **START COLLECTING** pledges today.
  5. **MAKE CHECKS** payable to "**Alzheimer's Arkansas**"
  6. **WRITE** your **name** or the name of the **Walk City** in the memo section of all checks.
  7. **PLEASE** make a copy of the pledge form for yourself!

SPONSOR'S FULL NAME	ADDRESS / EMAIL ADDRESS	CITY, STATE, ZIP	PHONE	Total Amount of Pledge or Donation	Paid Y or N
<i>Sample: J. Donator</i>	<i>12345 Main Street jdonator@yahoo.com</i>	<i>My Town, AR 00000</i>	<i>222-555-5555</i>	<i>\$25.00</i>	<i>Y</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
<b>Total Amount:</b>					

**MAKE CHECKS PAYABLE TO: ALZHEIMER'S ARKANSAS**  
 YOUR CHECK IS YOUR RECEIPT.  
 MAIL COMPLETED PLEDGE FORM AND CONTRIBUTIONS CHECK TO:  
 ALZHEIMER'S ARKANSAS, 201 MARKHAM CENTER DRIVE, LITTLE ROCK, AR 72205  
**DO NOT SEND CASH**  
 QUESTIONS...CALL 501-224-0021

I hereby waive all claims against Alzheimer's Arkansas, sponsors and any personnel for any injury I might suffer during this event. I attest that I am physically fit and prepared for this event. I understand that I may be photographed at this event and hereby give permission for my likeness, voice and statements to be used in press releases, marketing materials, website and/or other materials.  
 Signature of walker: \_\_\_\_\_  
 Parent/or guardian signature if less than 18 years of age: \_\_\_\_\_