

WALKER INFORMATION

Help raise funds for Alzheimer's support and education.

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE HOME WORK

EMAIL _____

TEAM NAME _____
(if applicable)

CAPTAIN YES NO

EVENT LOC: **WINDSOR ELMS VILLAGE, 174 FALMOUTH DYKE ROAD, Falmouth**

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? _____

Do you know people with Alzheimer's disease or other dementias?

Who are you walking for?

PARTICIPANT RELEASE AND WAIVER

In consideration of the Alzheimer Society of Nova Scotia's 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 of Nova Scotia from all liability the Alzheimer Society of Nova Scotia, all 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 and 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 of Nova Scotia 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.

PRIVACY STATEMENT

The Alzheimer Society of Nova Scotia is committed to protecting the privacy of people whose personal information is collected and held by the Alzheimer Society of Nova Scotia 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 of Nova Scotia including programs, services, special events, funding needs and opportunities to volunteer or give.

Signature _____

Date _____

I do not give permission for the Alzheimer Society of Nova Scotia to contact me.

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

Please **PRINT** the name and address of each sponsor clearly. For tax receipts a full address is required. Please make cheques payable to the Alzheimer Society of Nova Scotia.

SPONSOR NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	AMOUNT	RECEIPT?
Jane Sample	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	613 555 1234	\$20	YES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
THANK YOU for your generous support!							TOTAL: