

Complete this form in ink and mail it to ADRC at 45 Park Avenue, Bay Shore, NY 11706 or email to Maria.Prendergast@ADRCinc.org

Type of "Walk" and Location

I am a Team Captain Team Member Individual

My goal is to raise \$_____ to help ADRC.

(The recommended minimum goal is \$250)

Team name

First name

Adult

Last name

Minor Child Age of Child _____

Address

City

State Zip

Phone (Day)

Phone (Evening)

E-mail address

Company name

Job title

Yes, my company has a matching gifts program.

This year's Walk for Alzheimer's is a virtual event. There are no limitations to where or when you can walk. Register as an individual, team captain, team member, or make a donation to show your support. Then **"Walk Your Way"** with family and friends. The possibilities are endless. Your generosity is appreciated! Together we are **"Keeping Help and Hope in Mind"**.

I am taking the first step by supporting the Alzheimer's Disease Resource Center.

Enclosed is my personal donation in the amount of

\$_____ Check # _____

To make a credit card donation, please visit our website:

ADRCinc.org/2020WalkYourWayFundraiser

Individual Fundraising Prize Levels:

Raise \$100 or more: Receive Official Tee Shirt

Raise \$300 or more: Receive Official Tee Shirt and Tote Bag

Raise \$500 or more: Receive Official Tee Shirt, Tote Bag, and Writing Journal

Raise \$1,000 or more: Receive Official Tee Shirt, Tote Bag, Writing Journal, and Official Sweatshirt

Tee Shirt/Sweatshirt Size:

Small Medium Large X-Large XX-Large

Assumption of Risk, Release and Permission

ADRC Walk For Alzheimer's involves walking or other activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the "2020 Walk Your Way" Fundraiser and related activities. It is my responsibility to dress appropriately. I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event. I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Alzheimer's Disease Resource Center, board members, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities – whether resulting from the negligence of any of the above or from any other cause. I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect. I grant full permission in perpetuity to the organizers of this event to use, reuse, publish and republish my name and image as a participant in the event in photographs, video or other recordings. I have read, understand and agree to the terms of this agreement.

If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below:

I am the parent and/or legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms

Signature _____

Date _____