



Walk to Remember

Registration Form

My goal is to raise \$_____ for local Alzheimer's programs and services.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____

E-mail: _____

Male Female Age _____

Employer/School: _____

My company has a matching gift program. YES NO

Company: _____

I will be walking at Albany 11/7 Salem 10/3

I will walk as:
 Team captain Team member Individual

If you are on a team, please complete the following:

Team Name:

Representing (name of organization):

Team Captain's Name:

I am walking in honor of:

Please send me the following information:

Alzheimer's Network of Oregon programs and services

Walk or other volunteer opportunities

Information on forming a Walk to Remember team

Brochures (indicate quantity) _____

Posters (indicate quantity) _____

I am unable to walk, but:

Enclosed is my donation of \$200 \$100
 \$50 \$25 \$15 Other \$ _____

Enclosed is my check payable to the Alzheimer's Network of Oregon

Waiver and Release of Liability

I hereby waive all claims against the Alzheimer's Network of Oregon, , its parent, subsidiaries, affiliates, officers, directors, agents, sponsors, employees and representatives from any and all claims, demands, liabilities, obligations, damages, costs, expenses, losses, and compensation of any nature whatsoever, 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 photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____

Date: _____

(Parent or guardian's signature if walker is under 18 years of age)

Please turn in your completed registration to your TEAM CAPTAIN if you are on a team or FAX your completed registrations to (503) 364-8102.

For questions please call (503) 364-8100