

# WALKER INFORMATION

Helping those living with dementia every step of the way!

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

TEAM NAME \_\_\_\_\_

(if applicable)

TEAM CAPTAIN NAME \_\_\_\_\_

(if applicable)

☐ I give the Alzheimer Society of Chatham-Kent permission to contact me regarding future fundraising opportunities, events, etc.

## PARTICIPANT RELEASE AND WAIVER

In consideration of the Alzheimer Society of Chatham-Kent ("ASCK") 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 ASCK from all liability claims of any kind whatsoever that I might have for personal injuries or property losses suffered by participation in this event.

I certify that I have full knowledge of the risks involved in this event, that 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. I agree to adhere to the current Chatham-Kent Public Health guidelines in relation to the COVID-19 pandemic and to remain physically distant (6 feet) from other participants.

I consent to my name, photo/video, and (if applicable) my story being included in media or promotional materials for ASCK. I realize that this material may also be used by other Alzheimer Societies across Canada. I grant ASCK and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining ASCK and its activities and for administrative, educational or research purposes. I acknowledge that ASCK owns all rights to the images and recordings. By giving ASCK 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.

☐ I DO NOT consent to have my name, photo/video, and (if applicable) my story being included in media or promotional materials for ASCK and/or to have photographs or recordings taken of me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**JOIN US ON SATURDAY, MAY 25!**

Kingston Park - Chatham  
10AM to 12PM



## REGISTER THE FOLLOWING WAYS:

- Online at [www.walkforalzheimers.ca](http://www.walkforalzheimers.ca)
- Email this form to Joel Emery at [joel@justasck.ca](mailto:joel@justasck.ca)
- Mail this form to ASCK office at 36 Memory Lane, Chatham ON N7L 5M8
- Bring this form to Walk event

## Who are you walking for?

## PRIVACY STATEMENT

The Alzheimer Society of Chatham-Kent ("ASCK") is committed to protecting the privacy of people whose personal information is collected and held by ASCK 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 ASCK including programs, services, special events, funding needs and opportunities to volunteer or give.



**Please record all donors on your pledge forms.**

[illegible]

**THANK YOU** for your generous support!

**TOTAL:**