IG WEALTH MANAGEMENT

WALK FOR ALZHEIMER'S

Local Lead Sponsor
Avondale FOOD STORES
CONVENIENCE WITH LOW PRICES

Platinum Sponsor
home instead.
Niagara and Welland & Grimsby

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Société Alzheimer Society
NIAGARA REGION

ALZHEIMER SOCIETY NIAGARA FOUNDATION

	Donor's Name	Address	City	Postal Code	Email	Telephone	Amount	Receipt?
	Jane Sample	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	123-123-1234	$20	YES
1								
2								
3								
4								
5								
6								
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8								
9								
10								
11								
12								
13								
14								
15								
16								

We will add your online pledges to your total at the event. **TOTAL:** _____

WALKER INFORMATION

Help raise funds for Alzheimer's support and education.

NAME _____

ADDRESS _____

CITY _____

PHONE HOME _____ WORK _____

EMAIL _____

TEAM NAME _____
(if applicable)

CAPTAIN _____
(if applicable)

EVENT CITY _____

PARTICIPANT RELEASE AND WAIVER

In consideration of the Alzheimer Society 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 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 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.

By giving the Alzheimer Society permission to use my name and photo in the 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 other dementias.

Photos and videos from the Walk may also be used to help the Society promote the event in flyers, brochures, social media, and other materials.

I also consent to use of personal information contained in this form to be informed of other events in support of the Alzheimer Society of Niagara Region. You may unsubscribe at any time.

Signature _____

Date _____

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

Who are you walking for?