# Walker Information

Thank you for helping us raise funds for Alzheimer's and other dementia's, support and education.

**Name** _____

**Address** _____

**City** _____ **Postal Code** _____

**Phone** _____ (Main) | _____ (Work/Other)

**Email** _____

**Location of Event you're participating in:**

**Team Name (if applicable)** _____ **Captain** _____

We want to learn more about who our Walk supporters are. This information is for data collection purposes only.

Date of Birth ☐

Male ☐ Female ☐ Non-Binary ☐

☐ **I give permission for the Alzheimer Society of Saskatchewan to contact me.**

**PARTICIPANT RELEASE AND WAIVER**

In consideration of all Alzheimer Societies in Canada (hereinafter referred to as the "Alzheimer Society") permitting me to participate in this event, I, or if under the age of majority my parent or guardian, hereby, for myself, executors, administration and personal representatives, release the organizers of this event, the event sponsors, and the Alzheimer Society, its employees, board of directors and all third parties associated with 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 I am over the age of majority in my province or territory of residence. I give the Alzheimer Society permission to use my name and photo in all forms of media and promotional materials in perpetuity for no compensation of any kind. **Photos and videos from the event may also be used** to help the Alzheimer Society promote the event in flyers, brochures, and other materials.

**By signing below, I acknowledge having read this release. Parent or guardian signature is mandatory if under the age of majority.**

**Signature** _____

**Date** _____

**For more information please contact:**

Call our provincial office at: (306) 949-4141

Or email our walk coordinators:

Nicole Donison | ndonison@alzheimer.sk.ca

Brooke Smith | bsmith@alzheimer.sk.ca

**PRIVACY STATEMENT**

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

**If at any time you want to be removed from our contact list, please let us know at 1-800-263-3367 or giving@alzheimer.sk.ca**

Alzheimer Society
SASKATCHEWAN

IG WEALTH MANAGEMENT

# WALK FOR ALZHEIMER'S

Alzheimer Society SASKATCHEWAN

**Participant Name** _____

**Participant Address** _____

**Event Location** _____

**Team (if applicable)** _____

Gifts over $20.00 are eligible for a tax receipt. Information MUST be complete & **legible** to be issued a receipt
DON'T MAIL CASH. Please make cheques to the Alzheimer Society of Saskatchewan

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

Name:_____ Phone:_____ Cash☐ Cheque☐ Donation $_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Receipt Sent Via: Mail☐ Email☐ Email:_____

**Page Total: $_____**

*The Alzheimer Society of Saskatchewan is committed to protecting your privacy and your personal information. The information you provide will be used to issue a tax receipt and may be used to keep you informed about our activities. If at anytime you wish to be removed from our contact list, please let us know by calling 306-949-4141*

**Please print extra of this page if needed**