

REGISTRATION FORM

5 COUNTY WALK ■ SATURDAY, APRIL 27, 2024

Register online at alzTennessee.org/5CountyWalk

or return this form by April 19th to be eligible for a t-shirt (with \$50 donation)

*Donations made online may take 24 hours to appear.

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone: () _____

Email address _____

Date of Birth _____ Male Female

D.O.B. only required for youth

I AM PARTICIPATING (Check ALL that apply):

- Walking as an individual
- Team Captain
- with Team Name: _____
- Can't Come but Want to Help Virtually
- with my pet to win the Mascot contest (register your pet, too!)

T-SHIRT SIZE: S M L XL XXL XXXL
(FOR THOSE WHO RAISE \$50 & PRE-REGISTER BY April 19th)

I AM MAKING A PERSONAL DONATION NOW:

\$25 \$50 \$100 \$200 \$ Other

\$ _____ IS ENCLOSED

Ask your employer about matching donations
Collect Donations from Family & Friends

Donor's Name	Check No.	Donation Amt. Received
1.		
2.		
3.		
4.		
5.		

Waiver and Release of Liability

I hereby waive all claims against the Alzheimer's Tennessee, Inc., sponsors, Downtown Clinton, Lakefront Park, their employees, officers, volunteers or any other person or organization involved in providing the opportunity to participate in the Alzheimer's Tennessee, Inc. Alzheimer's Walk 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 X _____

X _____

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

Keep FUNdraising after the walk through June 30th to help reach our goal

**PLEASE MAKE ALL CHECKS PAYABLE TO:
ALZHEIMER'S TENNESSEE**

East Tennessee | 5801 Kingston Pike
Office: | Knoxville, TN 37919

local
#KeptLocal