



Westland Summer Festival

3K Fun Walk

Friday, July 3, 2009

9:00a.m Registration

10:00a.m Walk Begins @ Festival Grounds (Carlson & Ford Rd)

11:30a.m Closing Ceremony

A Walk to Remember

PART 1

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EVENING PHONE: (____) _____ DAYTIME PHONE: (____) _____

EMAIL: _____

AGE: _____

GENDER: MALE FEMALE

PART 2

- I am unable to participate, but enclosed is my donation of \$ _____
- \$20 Walk Participant**
- \$10 18 & Under**
- \$10 Senior (50 & up)**

Please make checks payable to the Alzheimer's Association.
Complete below for credit card payment

Circle one: Mastercard/Visa/American Express/Discover

T-Shirt Size:

(Youth Small thru Adult XXLlarge)

Card Number: _____

Expiration Date _____ Security Code# _____

Signature _____

Mail-In Completed Forms & Non-Refundable Registration to:

Alzheimer's Association
20300 Civic Center Drive, Suite 100
Southfield, MI 48076
(248) 351-0280 (Phone)
(248) 351-0418 (Fax)

OR Pick-Up/Drop-Off Location

Westland Friendship Center
1119 Newburgh Rd.
Westland, MI 48185
(734) 722-7632
(734) 595-0697 Pam Martin

WALK RELEASE

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant of this event, and in good physical condition. I KNOW THAT THIS EVENT IS POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE ALZHEIMER'S ASSOCIATION AND ANY AFFILIATED INDIVIDUALS, ANY RACING FOR YOUR MEMORIES SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Alzheimer's Association and their sponsors, to use any photographs, videotapes or other recordings of me that are made during the course of this event.

Signature (Parent or Guardian's Signature if under 18) _____ DATE _____