

ALZHEIMER'S WALK

WHAT: The "**Miles for Memories**" event is a 3K Fun Walk to raise funds in support of the Alzheimer's Association - Greater Michigan Chapter. All ages and athletic abilities are welcome!

WHERE: Westland Summer Festival Grounds located at Carlson Rd and Ford Rd.

WHEN: Friday, July 2, 2011 (rain or shine!)

10:00 a.m. Registration

11:00 a.m. Walk begins

12:00 p.m. Closing Ceremony

WHY: Quick Facts~

- 1 **Alzheimer's disease affects 5.3 million Americans and more than 180,000 in Michigan**
- 2 **Currently the 6th leading cause of death in the United States.**
- 3 **Starting in 2011, more than 10,000 baby boomers a day will turn 65 and 1 in 8 will develop Alzheimer's disease**

Funds raised will help provide ongoing education, training and support services to those currently affected with Alzheimer's disease & their families.

HOW: Sign up online at www.milesformemories.kintera.org or mail completed forms with registration fee to the address below.

FEE: Registration includes a "Miles for Memories" t-shirt and lunch ticket.

\$20 Walk Participant

\$10 18 & Under

\$10 Senior (50 & up)

PART 1

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL: _____

AGE: _____ GENDER: MALE FEMALE

PART 2

- 1 I am unable to participate, but enclosed is my donation of \$ _____
- 2 \$20 Walk Participant
- 3 \$10 18 & Under
- 4 \$10 Senior (50 & up)

T-Shirt Size:

(Youth Small thru Adult XXL Large)

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 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.

DATE _____

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

Company Name:

Contact Name:

Address:

City:

ST:

Zip:

Phone: ()

Fax: ()

E-Mail:

IN-KIND DONATION INFORMATION

Donation Description:

Quantity:

Value \$

CHECK ONE

Donated item is included. Please call to make arrangements to pick up item.

If donated item is Media Related please attach the following items for our records:

Publication Schedule (Dates/Times etc. when items will be/were publicized)

Copy of Ads/Articles that will be/were publicized

Copies of any other pertinent agreed upon information

Please return form to:

**Katie Amann ~ Special Events Coordinator
Alzheimer's Association ~ Greater Michigan Chapter
20300 Civic Center Drive #100 * Southfield, MI 48076
(248) 351-0280 ext. 261 * Fax (248) 351-0418**