

REGISTRATION FORM

Complete this form and send it by mail or register online at www.caringkindnyc.org/walk Questions? Call 646-744-2900.



Dates & Locations:

Sept. 26 — Brooklyn, Coney Island Boardwalk
Oct. 10 — Manhattan, Central Park Bandshell

I am a Team captain Team member Individual **Team Name**

My goal is to raise \$_____ to help CaringKind. (The recommended minimum goal is \$250. All participants who raise \$100 will receive a CaringKind Alzheimer's Walk T-shirt.)

Team Type Company/Organization Faith-based Organization Friends/Family Long-term Care Facility School/University Other _____

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
E-mail	<input type="text"/>	Phone	<input type="text"/>
Company	<input type="text"/>		
Job Title	<input type="text"/>	<input type="checkbox"/> Yes, my company has a matching gifts program.	

Please help CaringKind better serve our community by completing the following:

Gender: Male Female Non-binary Other: _____ I prefer not to answer **Birthdate:** _____

Choose one: African-American/Black American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino
 Native Hawaiian/Other Pacific Islander Two or more races Other I prefer not to answer

Please select your highest level of education:

Less than high school degree High school graduate Some college Bachelor degree Post/Professional degree I prefer not to answer

How did you hear about this year's Walk?

Television Advertisement Radio Advertisement Print Advertisement Web Advertisement Other Advertisement
 I was recruited at a community event I received information in the mail E-mail from CaringKind Phone call from CaringKind
 CaringKind website Facebook Twitter Instagram Family Friend Coworker My company Other _____

How many years (including this year) have you been participating in the Walk? _____

Which CaringKind staff member referred you to the Walk? _____

What is your closest connection to the cause?

I am walking in memory of someone who had Alzheimer's or dementia I am currently caring for someone with Alzheimer's or dementia
 I have Alzheimer's or dementia I believe that in the absence of a cure, care is what we need today I prefer not to answer

I'm taking the first step by supporting CaringKind.

All checks should be written out to "CaringKind".

Enclosed is my personal donation of: \$120 \$60 \$35 Other _____

To make a credit card donation, please go online: www.caringkindnyc.org/walk

Mail registration forms & donations to: **CaringKind Alzheimer's Walk, 360 Lexington Ave., 3rd Floor, New York, NY 10017**

Assumption of Risk, Release and Permission

CaringKind Alzheimer's Walk involves walking – an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in this Walk and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event. I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue CaringKind (f/k/a Alzheimer's Association, NYC Chapter), its offices, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities – whether resulting from the negligence of any of the above or from any other cause. I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect. I grant full permission in perpetuity to the organizers of this event to use, reuse, publish and republish my name and image as a participant in the event, in photographs, video or other recordings. I have read, understand and agree to the terms of this agreement. If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below:

I am the parent and/or legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

Signature _____ **Date** _____