



SATURDAY, OCTOBER 18, 2025

Central Park Naumburg Bandshell

REGISTRATION FORM

Complete this form and send it by mail, or register online: ckwalk.org **Questions?** Call 646-744-2900

How would you like to register? ☐ Individual ☐ Team Captain ☐ Team Member

Team Name (if applicable) _____

Prefix _____ First Name _____ Last Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Receive an official CaringKind New York City
Alzheimer's Walk T-shirt when you raise \$100 or more.
T-shirts will only be distributed on Walk Day, Oct. 18, 2025.

T-shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

How did you hear about the CaringKind New York City Alzheimer's Walk? _____

All checks should be written out to "CaringKind".

Enclosed is my personal donation of:

☐ \$120 ☐ \$60 ☐ \$35 ☐ Other: _____

Mail registration forms & donations to:

**CaringKind New York City
Alzheimer's Walk**

360 Lexington Ave., 3rd Floor
New York, NY 10017

To make a credit card
donation online,
please go to: ckwalk.org



Join Us at
New York City's
Longest-Standing
Alzheimer's
Awareness Walk &
Brain Health Day!

ASSUMPTION OF RISK, RELEASE AND PERMISSION

CaringKind New York City 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, 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 _____