

2010 Coastal Bend Walk for Memory Saturday, November 6, 2010

T-SHIRT INFORMATION:

Donation must be \$50.00 or more to receive a CBWM T-Shirt.

T-SHIRT SIZE: ____S ____M ____L ____XL ____XXL

TEAM INFORMATION:

START A TEAM

I want to start a Team. I will serve as Team Captain to help collect donations from friends and family.

TEAM NAME: _____

Fundraising Goal: \$ _____

Recruiting Goal (# of team members): _____

JOIN A TEAM

I am joining an existing team. I will help collect donations from friends and family.

TEAM NAME: _____

JOIN AS AN INDIVIDUAL

I want to join as an Individual Participant. I am not linked to any team. I will collect donations from friends and family.

***** MANDATORY RELEASE FORM *****

Walk Release (Must be signed by participant in order to be eligible to participate in the walk). 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 in this event, and in good physical condition. I know that this event is a 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 Face to Face Alzheimer's Support Group and employees, and all other persons or, entities associated with this event (the "Releases") from any loss, liability or claims I may have arising out of my participation in this event, including personal falls, contact with participants, conditions of the course negligence of the releases or otherwise. If I do not follow all of the rules of this event, I understand that I may be removed from the activity. I give my full permission to the Coastal Bend Walk for Memory Project any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature: _____

Date: _____