



**Do you want to get more involved with the Alzheimer's Association and Walk to End Alzheimer's? We're looking for day-of volunteers to help shape the movement to end this disease.**

**Volunteers are the heart of our event! We are looking for volunteers to help with Set-up and Breakdown, to be Greeters, Route Guides, and help with Registration and Water Stations. Or be part of the Cheer Brigade to welcome the walkers over the finish line.**

**There's a role for everyone!**

**Walk to End Alzheimer's Event Information  
Northwest Suburbs – Sunday, October 3, 2021  
7am-2pm**

**Busse Woods – Grove 28-30, Entrance off of Golf Rd. East of I-290/Hwy 53  
Elk Grove Village, IL**

Start your volunteer registration by clicking the link below;

<https://alzheimers-illinois.org/volunteer/Walk2021/>

**Volunteers between the ages of 16 and 18 must submit a parent/guardian permission waiver.**

Any questions please contact Christopher Forillo at 312-796-5685 x9611 or cforillo@alz.org

*The Alzheimer's Association® will closely monitor and adjust to Centers for Disease Control and Prevention (CDC), state and local guidelines when making recommendations about Walk to End Alzheimer's® events. The safety of our constituents, staff and volunteers is our top priority.*



# VOLUNTEER WAIVER

Complete this form in ink and bring to volunteer check-in.

To make a donation, please visit [alz.org/walk](http://alz.org/walk).

First name

Last name

ZIP

Email

Primary Phone

Club

School

### Assumption of Risk, Release and Permission

Event volunteering involves risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration for being allowed to volunteer, 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. It is my responsibility to dress appropriately. 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 Alzheimer's Association, its chapters, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

Please help the Alzheimer's Association better serve our community by completing the following:

Your year of birth

Your gender  female  male

Your race/ethnicity  White non-Hispanic  Black/African-American  Hispanic/Latino  Asian  
 Native Hawaiian/other Pacific Islander  Native American  
 Two or more races/ethnicities  Other