

2022 Citrus County Walk Aware REGISTRATION FORM for Individuals October 15, 2022

NAME: _____

Address: _____

City: _____ St. _____ Zip: _____

PHONE: _____

EMAIL: _____

Individual Entry Fee Donation: \$20.00 paid with:
___CHECK ___CASH ___CREDIT CARD ___On Line

PLEASE MAKE CHECKS PAYABLE TO:
DEMENTIA EDUCATION INC
PO BOX 434, INVERNESS, FL 34451

PAY ONLINE:
<https://challenge.dementiaedu.org>
DONATIONS ARE ALWAYS ACCEPTED
Proceeds will benefit:
Dementia Education Inc.
PO Box 434, Inverness, FL 34451-0434

A Citrus County non-profit with the mission to further the public understanding of memory diseases in ways that will result in better and more compassionate care for individuals living with Alzheimer's and other forms of dementia.

Join us in Floral City on October 15, 2022

2022 Walk Aware for Alzheimer's will take place in Floral City on October 15 and consist of walking on the Withlacoochee State Trail and through the Historic District of Floral City. Walk Headquarters is at the Lion's Club at 3870 E. Orange Avenue in the Floral City Town Center. Registration opens at 8:00 a.m. Activities begin at 9:00 and will be finished by noon. Questions? Call Janice at 352-477-1866.

WAIVER FORM

THIS MUST BE SIGNED AT THE BOTTOM IN ORDER TO WALK

ASSUMPTION OF RISK, RELEASE AND PERMISSION:
I understand the Citrus County Walk Aware for Alzheimer's is an event in which participants may voluntarily enter into physical activities at their own volition for the purpose of their own enjoyment. I am solely responsible for my own health and safety. I represent that I am physically fit to participate in the activities that are of my sole choice. I hereby for myself, my heirs, executors, and administrators release, discharge and agree not to sue Coping with Dementia LLC, Dementia Education inc., the Floral City Heritage Council, their respective officers, directors, volunteers, employees, sponsors, and agents for any and all liability claims, demands, and causes of action whatsoever arising out of my participation in 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, re-use, publish, and re-publish my name and image as a participant in the event in photographs, video, or other recordings. I understand that purchases made on this registration form are non-refundable. I have read, understand, and agree to the terms of this agreement. If Participant is a minor, the parent or guardian must agree to the below. I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement and hereby agree on behalf of myself and Participant to its terms.

Signature: _____

Date: _____

PAYMENT OPTIONS

Paying by Check? Mail To:

Dementia Education Inc.

PO Box 434, Inverness, FL 34451

Pay Online <http://challenge.dementiaedu.org>

Information call: Debbie 352-422-3663 or Ed 614-519-2843 or Janice 352-477-1866.