

2021 Virtual Wellness Challenge & Alzheimer's Walk REGISTRATION FORM

Please use this form to register for either the Walk or the Challenge, or both. Be sure to indicate on the form below if you are a member of a team.

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

PHONE: _____

EMAIL: _____

_____ Virtual Wellness Challenge – Please remit \$20.00.

Are you a member of a Team? _____ Yes _____ No

If yes, name of Team: _____

_____ Alzheimer's Walk -- Please remit \$20.00.

Are you a member of a Team? _____ Yes _____ No

If yes, name of Team: _____

Total Amount Remitted: \$ _____

How to form a Team. There is no additional fee to form a Team. Just use the form below, then ask each of your team members to list their team name when they register.

Are you a Team Captain? _____ Yes _____ No.

If so, what is the name of your team?

Our Team is for _____ Challenge, _____ Walk, _____ Both.

NOTE: Please mail this completed form and your check to P.O. Box 434, Inverness, FL 34451; or scan the completed form and return via e-mail to dementiaed@aol.com and remit your fee via PayPal.

Proceeds from the Virtual Wellness Challenge will benefit Dementia Education, Inc., an IRS Section 501(c) (3) nonprofit corporation. Proceeds from the Citrus County Alzheimer's Walk will benefit both Dementia Education Inc. and the Floral City Heritage Council, a nonprofit corporation.

Virtual Wellness Challenge: October 3rd thru October 30th, 2021.

Citrus County Alzheimer's Walk: Floral City, November 13, 2021

For additional information call Debbie at 352-422-3663 or Ed at 614-519-2843 or e-mail dementiaed@aol.com.

Challenge and Walk Web Site:

<https://challenge.dementiaedu.org>.

WAIVER FORM ASSUMPTION OF RISK, RELEASE, AND PERMISSION

**THIS MUST BE SIGNED AT THE BOTTOM
IN ORDER TO PARTICIPATE**

I understand the Citrus County Wellness Challenge is an event conducted on line in which participants may voluntarily enter into mental and physical activities at their own volition for the purpose of their own enjoyment. I understand that the Citrus County Alzheimer's Walk is a live event that will take place in the environs of Floral City, Florida in which participants may voluntarily enter into mental and physical activities for the purpose of their own enjoyment. I understand that 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., Mr. Bill Fitness 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: _____