

Runner Number  
Office Use Only

## REGISTRATION FORM

To register: complete this form, **sign the waiver on the bottom of this page** and mail to: Alzheimer Society of Washington  
PO Box 4104, Bellingham, WA 98227-4104  
Or register in person at: 1308 Meador Ave., Suite C-1, Bellingham  
Monday - Friday, 9:30 am - 3:30 pm  
Or register online at: [www.alzsociety.org](http://www.alzsociety.org)

(This form may be photocopied - one entry form per person.)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Canine Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

5k Run  Walk

Entry Fee (T-shirt included)  \$25 per person  \$10 Canine

T-shirts for registrants on day of event subject to availability

T-Shirt  Small  Medium  Large  X-Large  XX-Large

I am unable to participate, but I will make a donation:

\$ \_\_\_\_\_  \$100  \$50  \$25

### PAYMENT INFORMATION

Check: payable to *Alzheimer Society of Washington* Amount enclosed: \$ \_\_\_\_\_

My company has a Matching Gift Program

Please bill my credit card as follows:  VISA  MasterCard Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Donations to the Alzheimer Society are tax deductible. ID 91-1238368

**Waiver and Release:** I being the participant/parent/legal guardian of a minor participant assume any and all risks associated with participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather, (including temperature extremes and humidity) and surface condition of the roads and sidewalks are understood and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors claim on my behalf, of the foregoing: Alzheimer Society of Washington, Bellingham Park & Recreation Department, event officials, volunteers and any other personnel in any way assisting or connected with this event, from any and all claims or liability of any kind or nature whatsoever, arising out of my/minor's participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. I/parent/legal guardian of a minor participant also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my/minor participant's name or pictures of me/minor participant, participating in this event without liability or obligation to me/minor participant. Entries cannot be accepted without a valid signature. Entries from minors will only be accepted with a parent or legal guardian's signature.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Alzheimer Society of Washington  
PO Box 4104  
Bellingham, WA 98227-4104



Member of



# Alzheimer Society of Washington

presents

## 12th Annual

# "Miles for Memories"

## Walk/5K Run



An event to fund the fight against memory loss

## Saturday, August 20, 2011

Registration begins: 8:00 am

Festivities begin: 8:30 am Starting Gun: 9:00 am

Village Green in Fairhaven

Bellingham, Washington

## "Remember To Care"

