

Start: ROYAL BANK PLAZA (AT UNION STATION)
 200 BAY STREET, TORONTO, ON

Finish: SHERATON CENTRE HOTEL
 123 QUEEN STREET W, TORONTO, ON

Volunteer Application Form

Name: _____
first name last name

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Phone: _____
 cell home work

Office Use ONLY	
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I would like to be teamed up with: _____

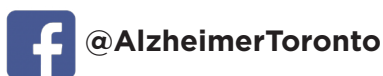
How did you hear about the Walk? _____

Have you volunteered for the Society before? YES NO

Day of the Walk (Please Indicate Your 1st, 2nd, and 3rd Choices)

<input type="checkbox"/>	Comptroller	<input type="checkbox"/>	Kids Zone	<input type="checkbox"/>	Setup/Clean-up
<input type="checkbox"/>	Greeter	<input type="checkbox"/>	Marshal	<input type="checkbox"/>	Talent / Sponsor Wrangler
<input type="checkbox"/>	Incentive Zone	<input type="checkbox"/>	Photographer / Assistant	<input type="checkbox"/>	Wall of Memories Zone
<input type="checkbox"/>	Information Runner	<input type="checkbox"/>	Registrar / Assistant	<input type="checkbox"/>	

Walk.Alz.To | walk@alz.to | 416-847-8914



Walk for Memories Waiver:

I, the registering participant in the IG Wealth Management Walk For Memories, hereby release, waive and forever discharge the Alzheimer Society of Toronto, their staff, boards of directors and volunteers and all other bodies associated with the Alzheimer Society of Toronto and sponsoring companies and any and all participating organizations, entities and/or venues and individuals, personnel, volunteers and/or boards of directors associated with these organizations, entities and/or venues of any claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, rising or to arise by reason of my participation in the IG Wealth Management Walk For Memories, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the event, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I further hereby undertake or hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation in the said event.

I do hereby give the Alzheimer Society of Toronto, its assigns, licensees and legal representatives the irrevocable right to use my picture, portrait or photograph in all form and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

By agreeing to this waiver, I acknowledge having read, understood and agreed to the above waiver, release and indemnity. I warrant that I am physically fit to participate in this event.

Name: _____ Date: _____
(If applicant is under 18 years of age, parental signature is required. If under 14, must have parent signature and be accompanied by a parent or guardian.)

Parent/Guardian: _____ Relationship: _____

Please fax, mail, or email this form to:
Katie Berkelmans
20 Eglinton Avenue West, 16th Floor | Toronto, ON M4R 1K8
Fax: 416-322-6656 | Tel: 416-847-8914 | E-mail: kberkelmans@alz.to

