ECHOLS LEGACY FOUNDATION

ALZHEIMER'S AWARENESS WALK

REGISTRATION FORM

Date: September 12, 2026
Time: 9:00 AM–12:00 PM
Location: Columbia City Park, Columbia, Mississippi 39429

Thank you for joining us to raise awareness of Alzheimer's disease, support people living with dementia and their families and care partners, honor those affected, and promote continued research.

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1. PARTICIPANT INFORMATION

Please provide your contact information so we can communicate important event updates.

Name:

_____

Address:

_____

City: _____ **State:** _____ **ZIP:** _____

Telephone:

_____

Email:

_____

2. PARTICIPATION

Please check all activities that describe how you plan to participate.

☐ Walk
☐ Run
☐ Volunteer

☐ Assist at the Registration Table
☐ Help with Dancing or Warm-Up Activities
☐ Share a Personal Experience or Story Related to Alzheimer's Disease
☐ Assist Other Participants
☐ Vendor or Community Partner
☐ Other:

_____

_____

3. YOUR CONNECTION TO ALZHEIMER'S DISEASE

Please check all that apply.

☐ I am participating in honor of someone.
☐ I am participating in memory of someone.
☐ I am a person living with Alzheimer's disease or another form of dementia.
☐ I am a care partner or caregiver.
☐ I am a family member or friend.
☐ I am participating as a community supporter.
☐ Other:

_____

Name of the person you would like to honor or remember, if applicable:

_____

_____

_____

_____

4. DONATIONS

Would you like to make a contribution to support the work of the **Echols Legacy Foundation**?

☐ Yes
☐ No
☐ I would like information about donating at a later time.

Donation Amount: $_____

5. EVENT FEEDBACK

If you are completing this form after the event, please share your feedback.

Did you enjoy today's Alzheimer's Awareness Walk?

☐ Yes
☐ No

What did you enjoy most?

_____
_____
_____

What could we do to make the next Alzheimer's Awareness Walk even better?

_____
_____

Would you like to receive information about future Echols Legacy Foundation programs?

☐ Yes
☐ No

Would you be interested in volunteering at a future event?

☐ Yes
☐ No

6. EMERGENCY CONTACT

Please provide an emergency contact in case event staff need to reach someone on your behalf.

Emergency Contact Name:

_____

Emergency Contact Phone:

_____

7. ACKNOWLEDGMENT

By participating, I understand that walking and other physical activities involve ordinary risks. I agree to participate at a level that is appropriate for me and to seek medical guidance when

appropriate. I understand that I may ask event staff for assistance or accommodations related to participation.

Participant Signature:

_____

Date: _____

THANK YOU FOR WALKING WITH US!

Echols Legacy Foundation

Walking for awareness. Walking for families. Walking toward hope.