



“KEEP MEMORIES ALIVE”

A walk to benefit the Louis and Anne Green Memory and Wellness Center of the Christine E. Lynn College of Nursing, Florida Atlantic University®



Sunday, November 3, 2024

9:00 a.m. – 11:00 a.m.

Town Center at Boca Raton
North (Glades Road) Entrance

Your donation will fund Caregiver Programs and Day Center Scholarships for participants in financial need

WALKER DONATION FORM

(Please print all information)

Participant's Name _____ Phone _____

Mailing Address _____ City _____ ST _____ Zip _____

E-mail _____ Team Captain Name _____

Team Name _____

Walkers raising a minimum of \$40 will receive a “Keep Memories Alive” T-shirt \$50.00 at the Door

WALKERS:

Walker Name and Address: *(Please Print)*

Donation:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Make checks payable to: FAU Foundation, Inc.

(Write “NRS-008 KMA Walk” on memo line and please convert all cash to a check)

TOTAL: _____

Waiver and Release of Liability (signature required):

For myself and my estate, heirs, administrators, executors, and assigns, I hereby release and hold harmless the State of Florida, the Louis and Anne Green Memory and Wellness Center, the Florida Atlantic University Board of Trustees, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the “Releasees”), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Caring Hearts Walk (the “Walk”), whether caused by the negligence of Releasees or otherwise.

I fully understand that there are potential risks and hazards associated with the Walk. I further understand that I will be interacting with persons, places or objects that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Walk, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Walk and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise. I further hereby agree to defend, indemnify and hold harmless the Releasees from any claims, loss, liability, damage, or costs, including court costs and attorney fees, that Releasees may incur as a proximate result of any act or omission on my part during my participation in the Walk.

I understand that Releasees may record and/or photograph me with a camera or other photographic, recording or electronic medium and consent to the use, publication or display of any such recordings for any promotional or educational purpose. I waive all claims for compensation, liability or damage relating to any such use.

If the Participant is a minor, as the Participant’s legal guardian, I agree to the above terms. By signing, the minor Participant assents to these terms as well.

Signature _____ Date _____

Signature _____ Date _____

If under 18 years of age, I assent to the above.

**Louis and Anne Green Memory and Wellness Center, 777 Glades Rd., Bldg AZ-79
Boca Raton, FL 33431-0991. Phone: 561-297-4066**