

Cooter Crawl to Dementia Care EZ Team Registration Form

NAME OF TEAM: _____

NAME: _____

Address: _____

City: _____ St. _____ Zip: _____

PHONE: _____

EMAIL: _____

Signature: _____

Please capture name, signature, and \$25.00 for each team member in the EZ form below:

1. _____

Sig: _____

2. _____

Sig: _____

3. _____

Sig: _____

4. _____

Sig: _____

5. _____

Sig: _____

6. _____

Sig: _____

PAYMENT OPTIONS

Paying by Check? Mail To:

Dementia Education Inc.

PO Box 434, Inverness, FL 34451

Pay Online: PAYPAL

Information call: Debbie 352-422-3663 or

deb@coping.today

Join us in Liberty Park-Oct. 26, 2024,

WAIVER FORM

THIS MUST BE SIGNED AT THE BOTTOM IN ORDER TO WALK

ASSUMPTION OF RISK, RELEASE AND PERMISSION:

I understand the Cooter Crawl for Dementia Care, is an event in which participants may voluntarily enter into physical activities at their own volition for the purpose of their own enjoyment. 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., the City of Inverness, 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: _____



1) Go to your Pay Pal account using this QR code and make your donation or payment online for Dementia Education Inc.