



The ALS Association Greater Bay Area Chapter
Walk to Defeat ALS Registration Form

Walk Location _____ Team Name _____

Name _____

Address _____

City _____ State _____ Zip _____

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Phone _____ eMail Address _____

Please enter any children below:

Child's name _____ Age _____

Child's name _____ Age _____

Child's name _____ Age _____

Waiver: I hereby waive all claims against The ALS Association, sponsors or personnel for any injury that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recording or any other record of this event in which I may appear for any legitimate reason.

Signature _____