

7TH ANNUAL "DON'T FORGET US" WALKATHON

Walking for Alzheimer's Care

Each walker must sign and return the Release Forms and Medical Affirmation (below).

**RELEASE FORMS AND MEDICAL AFFIRMATION
FOR PARTICIPANTS IN MELABEV WALKATHON IN THE NEGEV**

TO WHOM IT MAY CONCERN:

I agree not to hold Melabev or Keshet responsible for any physical injury to me during the 2010 Walkathon taking place from November 23rd - 25th .

Keshet and Melabev undertake to use trails during the program that are recognized hiking trails that are marked for good walkers. Trained guides and para medical personnel will be provided and the concerns for the well being of the walkers will be a constant consideration.

I agree to absolve Keshet and Melabev from the responsibility of any physical injury that may occur to me during the walkathon.

Medical Statement:

I understand the physical requirements for the type of Walk I've volunteered to undertake.

I hereby affirm that I am in good physical condition and to the best of my knowledge am capable of participating in the Melabev Walkathon.

Name of Walker

Date

Signature of Walker

If under 18, signature of parent or guardian is required