



WALK FOR HOPE. WALK FOR HELP. WALK FOR LIFE.

MAIL-IN REGISTRATION FORM

WALKER INFORMATION:

First Name	Last Name		
Address	City	State	Zip
Email (for ALS Walk for Life and Foundation updates)		Phone	
Employer Name	Date of Birth (MM/DD/YYYY)	Gender	

REGISTRATION OPTIONS:

☐ Team Captain ☐ Walker (team member) ☐ Walker (no team) ☐ Walker (virtual)

Team Name: _____ Fundraising Goal(s): _____ / _____
(Team Goal) (Personal Goal)

My team is/I am walking in _____ of _____
(Honor or Memory) (Name of Person with ALS)

MY CONNECTION TO ALS:

☐ Person with ALS ☐ Spouse ☐ Relative ☐ Friend ☐ Other _____

Name of Person with ALS: _____

HOW DID YOU HEAR ABOUT THE LES TURNER ALS WALK FOR LIFE?

☐ Prior Captain/Walker ☐ Family Member or Friend ☐ Social Media
☐ Foundation eNewsletter ☐ Foundation Website ☐ Internet Search
☐ Support Group/Support Services Team ☐ Lois Insolia Clinic ☐ Radio/TV/Newspaper
☐ Other (please specify) _____

WAIVER (each registered walker must read and sign):

I hereby waive all claims against the Les Turner ALS Foundation, its officers, directors, independent contractors, vendors, sponsors, or employees for any injury that I may suffer from my participation in this event. I grant full permission for event organizers and the Les Turner ALS Foundation to use photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any marketing or fundraising purposes. I agree that I am participating as either a participant or as a volunteer and not as an employee of the Les Turner ALS Foundation and I waive all right to compensation for my participation. Having read this waiver and knowing these facts, and in consideration of this acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Les Turner ALS Foundation, its officers, directors, employees, the event organizers, event officials, vendors, volunteers, and any other sponsors, suppliers, agents, independent contractors, employees and other personnel in any way assisting or connected with this event from any claims, damages, losses, and causes of action arising out of my participation in this event. I am 18 years old or over, or if applicable, I am the parent or legal guardian of the child under 18 years old who is attending or participating in this event, and I have the full power and authority to agree to these terms on behalf of such child and bind him/her to the terms hereof.

I am 18 years or older ☐ Yes ☐ No Date: _____ Signature: _____
(Participant, or legal guardian, if under 18)

Please complete and return this form to:

Les Turner ALS Foundation, Attn: ALS Walk for Life, 5550 W. Touhy Avenue, Suite 302, Skokie, IL 60077-3254

Questions? Contact us: events@lesturnerals.org or 847 679 3311 or visit ALSWalkforLife.org