

Walk in Memory .Walk for Hope

I understand that I am voluntarily participating in the Walk in Memory, Walk for Hope Community Suicide Prevention Walk at my own risk and my own request. I hereby waive all claims against the Nevada Coalition for Suicide Prevention, sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of the Nevada Coalition for Suicide Prevention. Walk in Memory, Walk for Hope involves walking - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance maybe made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. This release and indemnification agreement shall be as broad and inclusive as is permitted by the Suicide Prevention Network of Douglas County. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this agreement.

Walk Participant Signature

Date

If Participant is a minor, the parent or guardian must agree to the following below: I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent or Guardian of Walk Participant

Date



We are inviting you!!!

If you're the kind of person who's not going to sit on the sidelines when there's a chance to change the future, then you're the person we want to be a part of our walk, the time to act is now!

When you register for this special event, you're joining a nationwide community of thousands of people who are standing up and participating in the Walk in Memory/ Walk for Hope.

Our journey to bring the awareness and prevention to Douglas County is the step in the right direction. We suggest the following...

Register: It takes just a few minutes to fill this registration out and bring it to the Suicide Prevention Office, 1702 County Rd. A3, Minden, NV or to the walk on September 10, 2011 between 8:00 am & 9:00 am.

Form a team: Participating in the Memory Walk is even more fun with a group. Ask your co-workers, family and friends to walk as a team. You'll be amazed at how many people want to help.

Get Creative: Get yourself noticed by making signs for yourself or for your team. If you are walking in the memory of someone, bring their picture to be displayed or held during the walk. Their life lives on by their story being told...



SATURDAY-SEPTEMBER 10, 2011

AT

**HERITAGE PARK-GARDNERVILLE,
NV.**

Sponsored by

Suicide Prevention Network of Douglas County

in collaboration with the

Nevada Coalition for Suicide Prevention

and

The Nevada Office of Suicide Prevention

8:00 a.m. Registration begins

8:45 a.m. Opening Ceremony

8:00-11:00 a.m. Resource and

Information Exhibits Open

Our program of remembrance, celebration of life and hope offers information to raise awareness of suicide in our community.



Our Memory Walk is an opportunity to learn and reflect. It will be a personal healing path for all who participate



Depression is
A DISEASE.

It is a medical, not a character issue
and

Depression is a disease that can be treated.

As we raise AWARENESS,
WE can SAVE LIVES!

If you or anyone you know would like to make a donation in the memory of a loved one, please list the information below and the amount of your donation.

In memory of _____

Amount of donation _____

A special memory board will be at the walk to add his /her name.

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*Our loved ones are not defined by the way they died.
They are defined by the way they lived and the way
they were loved.*

Please complete for each participate walking.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Suggested donation: \$20.00 per person

(includes one T-shirt)

- Individual (\$20.00 per person)
- Team (\$15/person for 4 or more)
- Participating without donation
- Sorry, I can't participate; here is a donation of: _____.

Walk T-shirts available for \$10 while supplies last!

I would like to purchase _____ t-shirts

ALL WALKERS WELCOMED!

Please make checks payable to:

Nevada Coalition for Suicide Prevention

All donations gratefully accepted.

Nevada Coalition of Suicide Prevention is a 501(c)(3)

Non-profit organization. All donations are tax deductible EIN#1237431

ALL WALKERS MUST SIGN A WAIVER