Waiver

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 may be 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 State of Nevada. 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 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

Facts About Suicide

- Nevada has the 2nd highest rate of suicide in the United States, nearly double the national rate.
- Suicide is the 11th leading cause of death in the United States, but is the 6th leading cause of death for Nevadans.
- Suicide is the 2nd leading cause of death for Nevadans ages 15-34.
- For every teen that dies by suicide, it is estimated that 100-200 teens have attempted. One of the biggest risk factors for completed suicide is a previous attempt.
- More people die from suicide than homicide in the US.
- Each suicide leaves at least six to eight bereaved family and friends.
- Surviving family members not only suffer the grief and trauma of losing a loved one to suicide, but also are themselves at higher risk for suicide and emotional problems.
- Discussing suicide does not cause someone to die by suicide.

Office of Suicide Prevention
Nevada Department of
Health and Human Services

Las Vegas **(702) 486-8225**
Reno **(775) 688-2964 x 249**

Nevada Coalition for Suicide Prevention

In Partnership with the

The Nevada Office of Suicide Prevention

WALK IN MEMORY ♥ WALK FOR HOPE

Hawthorne Community Walk

Date: Saturday, September 12, 2009

Time: 8:00 a.m. Registration
8:45 a.m. Opening Ceremony
8:00-11:00 a.m. Resource and Information Exhibit

Location:

Highlights

- **Resource and Information Exhibit**
- **Activities, arts/crafts, fire engine and support for children**
- **3 Mile Community Walk to raise awareness and funds for suicide prevention efforts**
- **Memorial for those lost by suicide before Walk**
- **Dedicated to Rena M. Nora, M.D.**

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Registration

Register day of Walk or….

Mail registration form to:

Office of Suicide Prevention
445 Apple Street, Ste. 104
Reno, NV 89502
Fax: 775-688-1952

Questions:
Please contact Misty Allen in the Office of Suicide Prevention
775-688-2964 ext 249

Let us remember those who have died, and work to protect those who remain.

Hawthorne Walkers

Please complete for each walk participant.

Name: _____

Email: _____

Phone: _____

Address: _____

_____

_____

Suggested Donation: $20 per person
(includes 1 t-shirt)

☐ Individual ($20 per person)

☐ Team ($15/person for 3 or more)

Teams walking in memory of loved ones may enter their team name below to be specially recognized during the ceremony.

_____

☐ 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 WELCOME!

All Donations Gratefully Accepted
NCSP is a 501(c)(3) non-profit organization
All donations are tax deductible:
EIN # 57-1237431

All walkers must sign a waiver