

PLEDGE FORM 2009

Print out or photocopy more forms as needed.
Please pay participant in advance.
Receipts will be issued for pledges of \$20 or more.

BEREAVED FAMILIES OF ONTARIO / Halton-Peel



Name of Walker:	Phone:	\$ Amount	Paid ✓
Name:	Phone:		
Address: City:	Postal Code:		
Name:	Phone:		
Address: City:	Postal Code:		
Name:	Phone:		
Address: City:	Postal Code:		
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Address: City:	Postal Code:		
Name:	Phone:		
Address: City:	Postal Code:		
TOTAL		\$	

The 12th Annual Walk to Remember
Saturday May 23rd, 2009
10:00 am to 2:00 pm
Streetsville Memorial Park, Streetsville



From the South, exit the QEW at Erin Mills Parkway. Go North to Eglinton. East on Eglinton to Mississauga Rd. North on Mississauga Rd. to Church St. Turn right to head towards Memorial Park. The park is beside the Vic Johnston Centre.

From the North, exit the 401 at Erin Mills Parkway/ Mississauga Rd. Go South to Mississauga Rd. Turn left and proceed south on Mississauga through town. Turn left on Church St. to head towards Memorial Park. The park is beside the Vic Johnston Centre.

Telephone: 905-848-4337

Fax: 905-848-4338

www.bereavedfamilies.ca



BEREAVED FAMILIES OF ONTARIO

Halton/Peel



We hope you will join us for
the 12th annual

WALK TO REMEMBER

Saturday, May 23th, 2009

Streetsville Memorial Park

Registration at 10:00 AM

Walk at 11:00 AM

BBQ and dove release

ceremony from 12:00 - 2:00 PM



This fundraising event provides a venue for members of our community in the Halton/Peel region to come together and walk in memory of their loved ones who have died. We are a non-profit, peer support organization providing programs and services for adolescents and young adults who have lost a parent or sibling, parents who have lost a child, and young spouses raising school aged children.

Reflect on your loved one as you stroll along the route.

Honour your loved one by:



Casting a memory stone in the creek.



Writing their name on a leaf of the memory tree in our office.



Bringing a photo, poem or memento of your loved one to help create our annual Memory Book.

I am walking in memory of:

A SPECIAL DAY

Saturday May 23, 2009



REGISTRATION 10:00 - 11:00 AM

Bring your completed registration form with your pledged monies to Memorial Park from 10:00 to 11:00 am

ENJOY A STROLL 11:00 AM - 12:00 PM

Reflect on your loved one as you stroll along the route. Cast a memory stone in the creek. Bring in a photo, poem or memento of your loved one and help create our annual Memory Book.

LUNCH IN THE PARK & DOVE CEREMONY 12:00 - 2:00 PM

A BBQ lunch will be served after the walk, from 12:00 to 2:00 pm. This is a great opportunity to connect with others and watch the dove release ceremony.

At this time, we will also be rewarding the top pledge earners. So bring your chairs, picnic blankets and anything to make you and your family comfortable.



REGISTRATION FORM

Release, Waiver and Indemnity

In consideration of the acceptance of my application or the application of my child or ward, I, for myself, my heirs, my child or ward, executors, administrators, successors or assigns, hereby release, waive and forever discharge the City of Mississauga, Bereaved Families of Ontario - Halton/Peel, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns of and from all claims, demands, costs, expenses, actions and causes of action whether in law or in equity, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said event, whether as a spectator, participant or otherwise, whether prior to, during, or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. By submitting this entry, I acknowledge having read, understood and agreed to the above Waiver, Release and Indemnity. I warrant that I am physically fit to participate in this event.

Participant's Signature _____

CONSENT RELEASE
 I, _____ hereby give consent to Bereaved Families of Ontario — Halton/Peel to take, print and publish my photograph(s) for use in Bereaved Families of Ontario — Halton/Peel printed materials. Names may used, but not often.
 Signed: _____
 Date: _____
 Witness by: _____
 Date: _____

Participant's Name _____

Address _____

City _____ Province _____

Postal Code _____

Phone _____

Fax _____

Email _____

Age Category
 <11 11-18 Adult

Prizes will be awarded for the top pledge earners in each age category.

I choose to collect pledges.

My pledges total
 \$ _____ on _____ sheets.

I choose to make a donation \$ _____