

## Registration

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All participants must read, complete and sign the registration form. A parent or guardian must sign the registration on behalf of walkers under the age of 18 years.

## Before the Event

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Obtain pledges from sponsors of your choosing (i.e. family, friends, neighbours, teachers, etc.) Collect each pledge at the time you recruit the sponsor. Be sure to tell your sponsor that an official tax receipt will be given for pledges of \$25 or more.

Cheques should be made payable to: Durham Mental Health Services or BFO-Durham. You can choose which organization.

## How Your Donations Benefit the Community

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### Durham Mental Health Services

- ❖ Many Programs and Services, “Extras” to improve client’s lives

### Bereaved Families of Ontario, Durham Region

- ❖ Support Groups for Grieving Parents , Monthly Support Evenings , One on One Support

## Bike, Blade, Board 4 Blake (or walk or run)

Bike, Blade or Board for Blake is an event in memory of our eighteen year old son, Blake Garvey, who we lost on February 21<sup>st</sup> 2013 to the disease of Addiction. Blake suffered with anxiety and depression and turned to drugs to suppress the effects of these mental health issues. The pledges solicited and collected by participants help to fund programs offered through Durham Mental Health Services and Bereaved Families of Ontario.

The event is intended to help raise awareness of mental health and addiction in our community. It is also an opportunity to raise awareness of the support and services available at Bereaved Families of Ontario, Durham. Donations will go to each of these organizations. There will be a BBQ, guest speakers and many draws for prizes.

The event will be held on Saturday September 9th at East Beach Park in Bowmanville. All participants must register with their pledge sheets or purchase a ticket for \$25.00 and will be entered into the draws for prizes.

We are grateful to all of our sponsors and event participants in helping to raise awareness about mental health and addiction and also support services available for those of us on this never ending journey of child loss. Last year we raised **\$9,647** due to the amazing support and we thank you in advance for your generous support this year.

### Durham Mental Health Services

Phone: 905-666-0831  
Email: [contact@dmhs.ca](mailto:contact@dmhs.ca)  
[www.dmhs.ca](http://www.dmhs.ca)

### Bereaved Families of Ontario

#### Durham Region

Phone: 905-579-4293  
Email: [bfodurham@bellnet.ca](mailto:bfodurham@bellnet.ca)  
[www.bfodurham.net](http://www.bfodurham.net)



## Bike, Blade, Board 4 Blake 2017

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**SATURDAY**

**September 9, 2017**

**REGISTRATION: 9:00 a.m.**

**WALK: 10 a.m. – 11 a.m.**

**BBQ: 11:30**

**SPEAKERS & DRAWS: 11:30**

# "Bike, Blade, Board 4 Blake"-Registration Information

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_



### Release, Waiver and Indemnity

In consideration of the acceptance of my application of the application of my child or ward, I, for myself, my heirs, my child or ward, administrators, successors and assigns hereby release, waive and forever discharge The Town of Bowmanville, Durham Mental Health Services, Bereaved Families of Ontario-Durham Region and all other associations sanctioning bodies and sponsoring companies, 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 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 same may have been contributed to or occasioned by the negligence of any of the aforesaid. Notwithstanding that, I further hereby undertake to hold and save harmless and agree to indemnify all of liability by any or all of them arising as a result of the aforesaid from and against any and all of, or in any way connected with participation in the said event. By submitting this entry, I acknowledge I have read, understood and agreed to the above waiver, release and indemnity. I warrant that I am physically fit to participate in this event.

- ✓ Cheques made payable to "BFO-Durham" or "Durham Mental Health Services"
- ✓ Bring this form to the walk on Saturday, September 9, 2017
- ✓ Cash or cheque is due on the day of the event
- ✓ Tax receipts will be issued for contributions of \$25 (only if address is included) ✓ This form can be photocopied to record additional pledges.

PLEDGE FORM								PLEASE "PRINT" INFORMATION CLEARLY							
Sponsor Names		Address		City/Town		Postal Code (req'd for receipt)		\$ Amount		Receipt: Durham Mental Health Services		Receipt: BFO-Durham		Pd.	

**Total Pledges Recorded: \$ \_\_\_\_\_**

*Pledge money must accompany this form and be handed in at the event on September 9th to be entered into prize draws.*