

## Registration

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All “Walk to Remember” 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 Walk

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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:  
Bereaved Families of Ontario – Durham Region.

## How Your Donations Benefit the Community

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- ❖ Support Groups for Grieving Parents
- ❖ Monthly Support Evenings
- ❖ One on One Support
- ❖ Telephone Support
- ❖ Growing through Grief
- ❖ Infant Loss Support Groups

## A Walk to Remember

### *What is the “Walk to Remember?”*



The Walk to Remember is an annual major fundraising event for the Bereaved Families of Ontario, which is sponsored by businesses in our community. The pledges solicited and collected by participants fund and ensure program stability.

This is not a walk-a-thon in the traditional sense, but rather a gathering of families and friends to commemorate their loss together in a happy environment. There is live entertainment, special performances, refreshments and much more activities for the entire family.

The Durham Region event will be held on Sunday March 3rd, at the Whitby Mall in Whitby. All walkers register with their pledge sheets and may sign the “Wall of Memories” banner adding a poem, photograph or other written message in their loved one’s memory.

We are grateful to all of our sponsors and walkers who make this a memorable event and great success each year. We thank you in advance for your generous support.

### **Bereaved Families of Ontario Durham Region**

Phone: 905-579-4293  
Fax: 905-579-7403  
Email: [bfodurham@bellnet.ca](mailto:bfodurham@bellnet.ca)  
[www.bfodurham.net](http://www.bfodurham.net)  
Charitable # 861619880RR0001

## Bereaved Families of Ontario Durham Region

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## Walk to Remember 2019

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**SUNDAY  
MARCH 3, 2019**

**REGISTRATION: 9:15 a.m.  
WALK: 10 a.m. – 11 a.m.**

### **A FUNDRAISING WALK IN**

**WHITBY MALL**  
1615 Dundas St. E  
Whitby, ON

*Pledges raised will solely support  
Bereaved Families of Ontario  
Durham Region*

**“A Walk to Remember”-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, executors, administrators, successors and assigns hereby release, waive and forever discharge The Whitby Mall, The City of Whitby, 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”
- ✓ Bring this form to the walk on Sunday, March 3, 2019
- ✓ Cash or cheque is due on the day of the event - please do **not** mail cash
- ✓ Tax receipts will be issued for contributions of \$25 (only if address is included)
- ✓ This form can be photocopied to record additional pledges.



**Dedicated in memory of:** \_\_\_\_\_

PLEDGE FORM		PLEASE “PRINT” INFORMATION CLEARLY					
Sponsor Names	Address	City/Town	Postal Code (req'd for receipt)	Phone #	\$ Amount	Receipt	Pd.

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

*Pledge money must accompany this form and be handed in at the Walk to Remember on March 3rd to receive prizes*