

Walk Registration Form

For more details or to enter only
visit bmhf.bm/step



Company: _____

Name: _____ Age on day of walk: _____

Phone: _____ Email: _____

Choose only ONE of the following Categories:

1. Walker Adult – 1:00 pm start

2. Walker Junior – 1:00 pm start

15-29 30-39 40-49

50-59 60-69 70+

- Pick-up your T-Shirt 11:00 – 1:00 pm on Saturday, October 12th, 2019, Mid-Atlantic Wellness Institute, 44 Devon Spring Rd, Devonshire FL 01
- Stroller use is permitted

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Phone: _____

TO BE COMPLETED BY

- To the fullest extent permitted by law, I hereby forever release, waive, covenant not to sue, exonerate, discharge and agree to hold harmless BMHF the race organizers, volunteers, sponsors and each and every respective affiliate, agent and representative of such persons (the “Released Parties”) of the above captioned event (the “Event’) from any and all liability, claims, demands, and causes of action whatsoever that I may have against the Released Parties with respect to any injury, illness, death, property damage or other loss that may result, directly or indirectly, from my participation in the Event.
- All photographs, video or any images taken by the event organizers of me or that include my image are the property of BMHF and may be used without my further permission or compensation in all manners that the Event organizers deem appropriate and I hereby consent to that use.
- If I am or will be applying for my child to participate in, or be a volunteer at, the Event, I represent and warrant that I am the parent or legal guardian of the child and, as such, consent to my child’s participation in the Event and I agree that the terms of this Waiver, Release, and Consent apply equally to my child and me and any claims I or my child may have in connection with the Event.

I/We _____ will pledge

\$ 25.00

\$ 50.00

\$100.00

\$250.00

\$500.00

\$750.00

Other: \$ _____



Bermuda Mental Health Foundation

Wire your pledges to HSBC Bank 010-418598-001

Reference “Walk” + your name or leave blank.

Free T-shirts available – first come, first served!

If you’re interested in showing your support and becoming a walker or a vendor at the fair, please visit www.bmhf.bm/steps/

The Foundation is also seeking talented students to showcase their talents during the community fair.

Please submit your interest to info@bmhf.bm.

**Thank you for your donation and support of
Bermuda Mental Health Foundation.**

Signature (must be signed by a parent/guardian if under 18)

Bermuda Mental Health Foundation

Email: info@bmhf.bm | Tel: +1 (441) 400 5634 | Twitter: @info_BMHF | @bmhf | Facebook: www.facebook.com/infobmhf