



Surviving the Stigma: A Journey for Hope

1st Annual LOSS Walk

Thursday, May 28, 2015, 5:30pm

Yanney Park, Kearney, NE

This event benefits the Central Nebraska Local Outreach to Suicide Survivors (LOSS) Team; a volunteer group consisting of trained survivors and mental health professionals who support persons whom have lost a loved one to suicide.

Registration Fee:

\$15 for Adults

\$10 for Youth

Make checks payable to:

Central Nebraska LOSS

Team

Registration:

Register online at <http://go.unl.edu/Opd9> or fill out the form on the back of this flyer and send to:

LOSS - Local Outreach to Suicide Survivors
Kearney Area Community Foundation
412 West 48th Street, #12
Kearney, Nebraska 68845

Registration is \$15 for adults and \$10 for youth. Register before May 10 to guarantee shirt size.

Celebrate your loved one by purchasing a balloon to be displayed during the walk (\$5).

Sponsors:



LOSsteam
Campbell & Associates
Postvention Workshops & Training

Bryan Health





1st Annual LOSS Walk

Thursday May 28, 2015 at Yanney Park in Kearney - 5:30 pm
(Meet at ERC Building) (Local Outreach to Suicide Survivors)

Surviving the Stigma: A Journey for Hope

Please print clearly and complete all items. Please use separate form for each participant.

Last Name _____

First Name _____

Address _____

City _____

State _____ **Zip** _____

Phone _____

Email _____

Event Walk _____ Run _____

Division Adult (\$15) _____ Youth (\$10) _____

Date of Birth _____

Male _____ Female _____

Select T-shirt Size (circle one size)

YS YM YL S M L XL XXL

Remembrance Balloon (\$5) _____
(Celebrate your loved one by purchasing a balloon to be displayed during the walk)

DEADLINE

May 10, 2015 (to order shirt)

Registration Fee \$ _____

Balloons \$ _____

Amount \$ _____

Make checks payable to :

LOSS (Local Outreach to Suicide Survivors)

Mail to: LOSS - Local Outreach to Suicide Survivors
Kearney Area Community Foundation
412 West 48th Street - #12
Kearney, NE 68845

SPONSORSHIP LEVELS - Yes! I want to sponsor this event.

Please mail separate sponsorship check to above address **by May 1, 2015** for name on t-shirt.
Central Nebraska Loss is non-profit tax-exempt 501(c)(3). Tax ID is _____

Silver Medal Sponsor \$1,000 - Company Name/Name _____ **Email** _____

Copper Level Sponsor \$500 - Company Name/Name _____ **Email** _____

**** Other \$ _____ - Company Name/Name** _____ **Email** _____

**** ONLY Silver Medal & Copper Level Sponsors will be on tshirts ****

I would like my donation to be: (Check all that apply)

In honor of _____

In memory of _____

List my name as _____

Anonymous _____

By indicating your acceptance, you understand, agree, warrant and covenant as following:

I know that walking and running is a potentially hazardous activity. I should not enter and walk or run unless I am medically able and properly trained to complete the event. I agree to abide by any decision of a race official relative to my ability to safely complete this event. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, bikers, animals, the effects of weather, including heat or cold and precipitation, and the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act on my behalf, waive, release, and will hold harmless Interchurch Ministries of Nebraska, Lincoln Lancaster Local Outreach to Suicide Survivors, the City of Lincoln, Central Nebraska LOSS team, all other sponsors and property owners, and all the agents, employees, officers, directors and volunteers working for those entities from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my entry fee is non-refundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and the event officials may authorize necessary emergency medical treatment. I understand that bicycles, skateboards, baby joggers or strollers, headphones, roller skates or blades, and animals are not allowed during the event, and I will abide by this guideline.

For more information contact - Renae Zimmer at 308-233-7618 or drzimmer@charter.net

Participant's Signature

Date

Parent/Guardian's Signature
(If Participant is under the age of 19 years old)

Date