



Sunday, October 12, 2025
East China Park
East China, MI



St. Clair County
Suicide
Prevention
Committee

REGISTRATION (please print):

NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

CHECK WHICH EVER APPLIES:

☐ INDIVIDUAL WALKER ☐ MEMBER OF TEAM: _____

NO DOGS ALLOWED in or around the pavilions, restrooms or Kid-E-Scape area.

PARTICIPANTS WAIVER OF RESPONSIBILITY

The undersigned hereby agrees to hold harmless and indemnify the Walk 2 Remember, Walk 2 Prevent; the Suicide Prevention Committee; St. Clair County Community Mental Health Authority, its agents and the Charter Township of East China for any and all injuries, or damage, or alleged damage, to property of owner or others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from participation in the October 12, 2024 Walk 2 Remember, Walk 2 Prevent Suicide.

AUTHORIZATION CONSENT

The undersigned hereby gives their consent for the use of their name, comments, photograph, and/or video image for the promotion of the Walk 2 Remember, Walk 2 Prevent Suicide, through displays, newspaper articles, brochures, videotapes, audiotapes, computer media, etc. The use of their appearance by the Walk 2 Remember, Walk 2 Prevent Suicide, the Suicide Prevention Committee, and/or St. Clair County Community Mental Health Authority, will not incur any liability for payment to any person or organization. The undersigned releases all claims for copyright, ownership and compensation and understands that participation is strictly voluntary.

This release shall be valid for one year from this date and can be revoked only by myself or a legally appointed representative for me by written request.

Signature of Participant or Guardian if under 18 years of age

October 12, 2025
Date

Name (Please Print)

Guardian of: _____