



1st ANNUAL MENTAL HEALTH AWARENESS WALK

Saturday, May 10, 2025
Riverside Walter Reed Hospital, Gloucester, VA
9:00am - Noon

Join us for the first annual Mental Health Matters Awareness Walk, a community peer to peer fundraising event dedicated to promoting mental health and reducing the stigma surrounding mental illness. This engaging and uplifting walk will take place on May 10, 2025 at Riverside Walter Reed Hospital, bringing together individuals, families, and organizations committed to supporting mental health initiatives.

Event Highlights:

- **Walk Distance:** 1 mile walk suitable for all ages and fitness levels.
- **Registration:** We prefer that participants register online in advance of the Walk. Participants who register one month prior to the event will receive a commemorative t-shirt. Price to register is \$20 for ages 11 and over (on day of event) and FREE for children ages 10 and under (on date of event).
- **Refreshments:** Complimentary snacks and beverages will be provided to keep you energized throughout the event.

By participating in the Mental Health Matters Awareness Walk, you will help raise vital funds to support Bacon Street Youth and Family Services provide much needed mental health and substance use programs and services. Together, we can make a difference and foster a community that prioritizes mental health. Get Involved: Whether you walk, volunteer, or donate, your involvement helps raise awareness and support those affected by mental health and substance use challenges. Sign up today and take a step towards a healthier, more inclusive community!

Date & Time: May 10, 2025 9:00am
Location: Riverside Walter Reed Hospital
Contact Information: Tiffany Phillips tphillips@baconstreet.org

<u>WALKER INCENTIVES</u>	<u>ALL WALKERS</u>	Raise \$500 or more*	Raise \$1,000 or more*
Raffle Ticket**	✓	✓	✓
Dedication of 1 Trail Sign		✓	✓
Name in VA Gazette			✓

*Money must be received by Wednesday, May 7

**Must be present to win raffle prizes

TEAM AWARDS

Most Team Members: To the team with the largest number of walkers
Best Dressed Award: To the team with the most interesting theme/costumes
Top Fundraising Team Award: To the team that raises the most money by
 May 7, 2025

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WALK PARTICIPANT REGISTRATION FORM

CONTACT INFORMATION:

Name: _____

Address, City, State: _____

Phone: _____ Email: _____

REGISTRATION INFORMATION:

Please indicate the number of Walkers you are registering: _____ Adult (11 and up) \$20/Hiker through April 1, 2025;
\$25/Hiker after April 1, 2025

Name of Hikers Registering: _____

_____ Youth (0—10 years) No registration fee

Name/Age of Children Registering: _____

Please indicate if you are starting or joining a team:

_____ Join an Existing Team- Team Name: _____

_____ Start a New Team- Team Name: _____

Team Captain's Name: _____ Fundraising Goal: _____

I am unable to participate but would like to support the Hike for Hospice and have enclosed a donation of \$ _____

PAYMENT:

* Registration fees are not tax deductible. If making an additional donation please state the amount of the donation clearly on the registration form or with your method of payment.

Registration Total: \$ _____

I would like to make an additional donation to Bacon Street \$ _____

Total Amount Enclosed: \$ _____

Payment Type: Cash Check Amex Visa MC Discover

Card Number: _____ Exp Date: _____ SEC Code: _____

Billing Zip Code _____

Name on Card: _____ Signature: _____

MENTAL HEALTH AWARENESS WALK WAIVER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that walking a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in walking a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any event official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this event that I am physically fit for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and non transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

I also give permission for the free use of my/our names, picture and voice in any broadcast, telecast, print account or any other account in any medium of this event. I have read, understood and agree to the waiver above. -

Participant Signature: _____ Date: _____

Legal Guardian Signature (*if under 18*): _____ Date: _____

**Questions? Contact Tiffany Phillips at Bacon Street at 757-253-0110 or tphillips@baconstreet.org
247 McLaws Circle, Williamsburg, VA 23185 ~ www.baconstreet.org**