



Help STOP the Silence - *Walk to Prevent Suicide*

May 3, 2020 - 1:00 p.m. @ HAHS Gymnasium (RAIN or SHINE)

12:00 check-in

All proceeds benefit Help STOP the Silence Suicide Prevention & Support, a program of Catholic Social Services, in providing local services to our community.

Walker: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

In Memory Of _____ In Honor Of _____

Donations are tax deductible to the extent of the law **Call 570.455.1521**
Make checks payable to C.S.S.-Help STOP the SILENCE **if you have any questions**

Donor Name	Address	Phone	Pledge	Collected

TOTAL Checks \$_____ TOTAL Cash \$_____ TOTAL COLLECTED \$_____

I understand that I am voluntarily participating in the Help STOP the Silence Walk at my own risk and my own request. I hereby waive all claims against Catholic Social Services, Diocese of Scranton, sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of Catholic Social Services.

Signature _____ DATE _____