



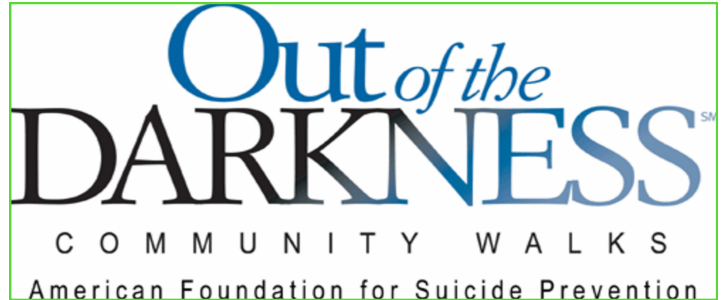
Southern Indian Health Council, Inc.
4058 Willows Rd., Alpine CA 91901
(619) 445-1188

Join Our Team

FOR THE 8TH ANNUAL OUT OF THE DARKNESS WALK

To Prevent Suicide!

Date: **Saturday, October 19th**
Time: **8:30am**
Place: **Embarcadero
N. Seaport Village, San Diego**
FREE REGISTRATION!



PLEASE DONATE TODAY

Go To: www.afsp.donordrive.com

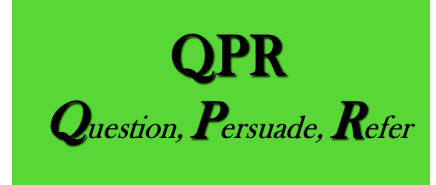
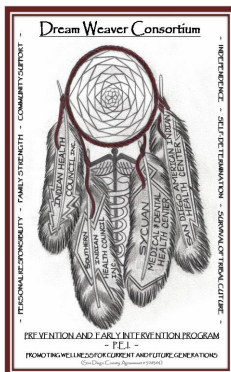
Enter Team Name in the
"Find A Participant" Box (below):

**Southern Indian/CA Suicide
Prevention Network**

and Please, . . . Give Generously.

For contribution assistance you can also call

**Dr. Leon Altamirano
(619) 445-1188 x202.**



For More Information or To Register
Please Contact: **Whitney Baugher**
(619) 445-1188 x207 or wbaugher@sihc.org

Team Registration Form

Out of the Darkness Community Walk

TEAM NAME for Contributions:

Southern Indian / CA Suicide Prevention Network

Saturday, October 19, 2013 8:30am

Name: _____.

Address: _____.

City, State, Zip: _____.

Phone: _____.

Email: _____.

T-Shirt Size (supply limited): Small Medium Large X-Large Other _____

Which of the following describes how suicide has affected you:

- I have lost someone to suicide
- I have attempted suicide
- Someone close to me has attempted suicide
- I have personally suffered from depression or other mental disorder
- Someone close to me suffers from depression of other mental disorder**
- I don't personally know anyone who has depression or other mental disorder

I understand that I am voluntarily participating in the Out of the Darkness Community Walk at my own risk and my own request. I hereby waive all claims against the American Foundation for Suicide Prevention, 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 the American Foundation for Suicide Prevention. *This walk is not hosted by Southern Indian Health Council, Inc. or its entities.*

By signing below I agree to the above statement

Signature _____

www.sihc.org

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