

# **17 to 22** Veterans or Service Members take their Lives Each Day

That's more than 6000 annually. **Join us on May 10, 2025** as we walk together to bring attention to this crisis. Louisville American Legion is Sponsoring a Walk to raise public awareness to Veterans Suicide. The walk will start at 8AM on May 10, 2025 and will span approximately 8 miles.

Route: starting from the Clay County WWII Veterans Memorial Directly across road from the Flora VFW at 128 E 2<sup>nd</sup> St., Flora IL 62839, proceeding to route 45 north and concluding at the Clay County Veterans Monument on the Clay County Court House Square at the Clay County Veterans Monument.

Lunch will be provided by the Louisville American Legion and transportation will be provided back to Flora to pick up vehicles. Everyone is invited to attend!

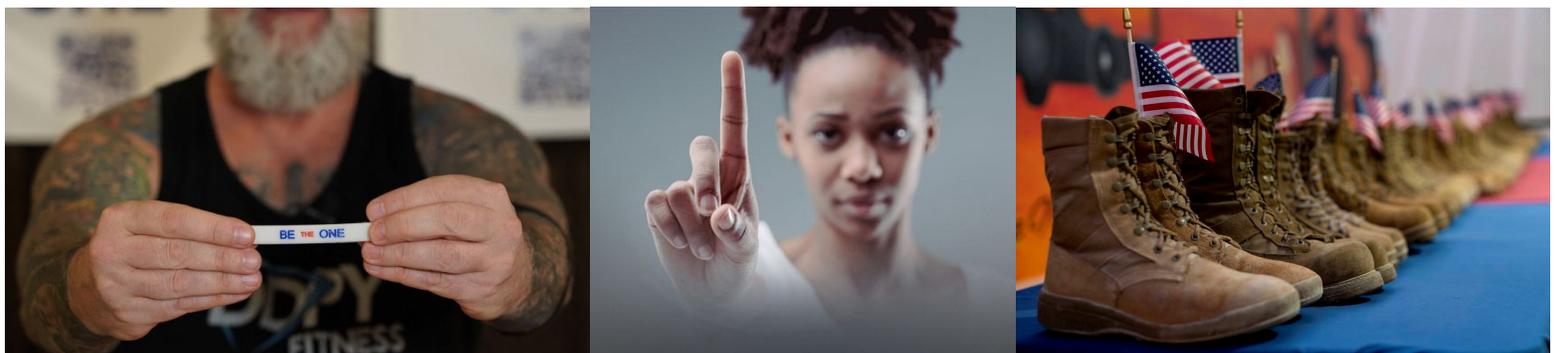
Donations will be accepted to the **Be The One** to prevent Suicide Raise Awareness suicide Hotline 988 press 1

Ask a Local Business, family or friends to sponsor you. Or if you can't participate, sponsor someone to walk for you. All donations will go to Support the American Legion **Be The One** Program.

In this packet, you will find our registration form and a safety / liability waiver.

We hope to see many of you there.

**Don't let another Mother celebrate Mothers Day without their Veteran.**





# WALKER REGISTRATION

# BE THE ONE

## WALK TO RAISE VETERAN SUICIDE AWARENESS

Over 6,000 Veterans and Active Duty Members commit suicide annually. Join The American Legion Department of Illinois Family on May 10, 2025 to participate in an awareness walk from Flora, Illinois to Louisville, Illinois.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**SPONSOR INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Donation \_\_\_\_\_ **Additional sponsors may be attached on a separate page**

**MEDICAL INFORMATION:**

Allergies? Y/N (if yes, please list) \_\_\_\_\_

Medications (if any) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature (if participant is under the age of 18) \_\_\_\_\_

# BE THE ONE

WALK TO RAISE VETERAN SUICIDE AWARENESS

Saturday

May 10

2025

## REGISTRATION AND RELEASE OF LIABILITY FORM:

I know that I am participating in this walk for the Be the One Walk to Raise Suicide Awareness, which is a potentially hazardous activity, that could cause injury or death. I will not enter and/or participate unless I am medically able and properly trained.

By registering, I certify that I am medically able to perform this event, am in good health, and am properly trained.

I assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, 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 entitled to act on my behalf, waive and release the American Legion Department of Illinois, and all Be the One Walk to Raise Suicide Awareness event sponsors, their representatives and successors 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 permission to all the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

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Printed Name of Emergency Contact

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Phone number of Contact

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Printed Name Of Participant

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Signature & Date