



Sponsored by:

Allegany County Health Department Local Behavioral Health Authority, UPMC Western Maryland, Consumer Advisory Board, and Rocky Gap State Park

Registration Form

***Never Forgotten
Suicide Prevention &
Memorial Walk***

Rocky Gap State Park

September 22, 2024

1:00 p.m. – 3:00 p.m.

Participant Name: _____
(Please print)

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Information:

Name: _____

Phone Number: _____ Relationship: _____

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, or other illness which would prevent my participation in the Suicide Prevention & Memorial Walk.

Participant Signature: _____

Parent/Guardian (if under 18): _____

Date: _____ Witness: _____



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Volunteer Form

***Never Forgotten
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Rocky Gap State Park

September 22, 2024

1:00 p.m. – 3:00 p.m.

Name: _____

Address: _____

Phone number: _____ Email: _____

What timeframe are you available to volunteer at the event?

Which of the following activities would you like to assist with at the event?

___ Registration

___ Guide

___ Set-up

___ Lead Guide

___ Sweep (Guide)

___ Water Station/Cheer Station

___ Traffic Directors

___ Clean-up

___ Other (art activities, etc.)