

**NO DRUG OR  
TECHNIQUE EXISTS THAT  
CAN CURE A BRAIN INJURY**

Manitoba Brain Injury Association helps individuals and families cope by offering support education and advocacy.

We also work to prevent brain injuries through public awareness initiatives and educational programming.



**Manitoba Brain Injury  
ASSOCIATION**

204-825 Sherbrook St. Winnipeg,  
MB R3A 1M5  
Phone: 204-975-3280  
Fax: 204-975-3027  
www.mbia.ca

**Come Join us**

**...imagine getting dressed and not knowing what to put on first—your socks or your shoes.**

**Being hungry but not knowing how to prepare something to eat.**

**Imagine being abandoned by family and friends because your mood or behavior has changed.**

**Thousands of Manitobans don't have to imagine effects such as these—they live with them every day due to a brain injury.**

**Your support will make a profound difference so come out and walk, raise pledges and put a team together of family and friends.**



**Manitoba  
Public Insurance**



**Walk Start At:**

**Assiniboine Park  
Conservatory**

**Registration: 10:00 am**

**Walk begins: 11:00 am**

<b>Routes:</b>	<b>Short</b>	<b>1.5 km</b>
	<b>Medium</b>	<b>3 km</b>

**Did You Know...**

**Brain injury is the number one killer and disabler of people under the age of 44 in Canada**

**11th Annual Walk**



**Manitoba Brain Injury  
ASSOCIATION**

**September 6, 2015**

**10:00 am**

**Assiniboine Park  
Conservatory**

# MBIA Walk 2015 Pledge Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The requirement for participation in this WALK by any member of the general public, who is not a member of MBIA or an associated caregiver or relative, is to remit an amount collected from pledges or remitted personally totaling a minimum of \$20.00 CDN (donation receipt follows). I am voluntarily participating in this WALK and any associated events. In consideration of the acceptance by the Manitoba Brain Injury Association (MBIA) Inc. of my application to participate in this WALK event, I, the undersigned, in my capacity as participant, or parent or legal guardian of a participant who is under the age of eighteen (18) years for himself or herself and on behalf of my heirs, executors, administrators and legal personal representatives HEREBY RELEASE AND DISCHARGE MBIA, its directors, officers, employees, contractors, agents, sponsors and sanctioning bodies (individually and collectively) "MBIA", AND HEREBY COVENANT with the Association that I will at all times hereafter indemnify the Association and keep it indemnified and hold it harmless from and against all present and future claims, liabilities, actions, suits, proceedings, demands, duties, obligations and all costs and expenses whatsoever resulting directly or indirectly from or in any way arising out of my participation (or the participation of my minor child, as the case may be) whether as a participant, spectator, or otherwise in this WALK event, including and without prejudice to the generality of the foregoing, death, personal injury or loss or damage to property, howsoever caused, and whether or not the same may have been contributed to or in any way occasioned by the negligence of the Association.

- I confirm that I have read, understood and agreed with the terms set out above.
- I consent and give permission to receive emergency treatment in the event of injury or illness.
- I give permission to MBIA and media attending to use my image or interview me for promotion of this WALK or other uses that benefit MBIA.
- I give my permission to MBIA to contact me in the future for other events and promotions sanctioned by MBIA.
- I understand that MBIA will not share, sell or divulge my information to any other organization. In signing, I acknowledge that I have read and understand all of the above.

**Signature: \_\_\_\_\_**

Name	Street Address, Apt.#	Postal Code	Phone/Email	PLG \$	Rec' d