



WALK THE BLOCK for Parkinson's

Participate

Go to walktheblock.ca and register today!

Form a Team

Form a Family & Friends Fun Team or a Corporate Team. You don't have to be together physically to be a team!

Collect Pledges

Collect pledges online at walktheblock.ca or in person using this pledge form or a combination of both.

Volunteer

Help Us Make WALK THE BLOCK possible by becoming a Community Champion! Contact Jessica at Jessica.halls@parkinsonsociety.ca OR 1-888-851-7376 for more information.

Although we can't come together in person this year we can still show up in our own neighbourhoods to support one another! WALK THE BLOCK is the perfect opportunity to show your fun and creative side! Make posters or signs, have a best dressed contest with family or friends who also plan to walk their block. Carry balloons or even dress up the family pet and bring them along with you! This is your chance to show the community why you're walking and who you're walking for!

Can't walk your block? No problem! There's other things you can do! Take a ride down the elevator and back up! Hang a sign in your window with a message of hope and awareness for Parkinson's. Take a little mini walk down your driveway and back. Tape a sign on your garage door. Be creative!

REGISTER TODAY

walktheblock.ca | 1-888-851-7376



SEPTEMBER 12th & 13th, 2020

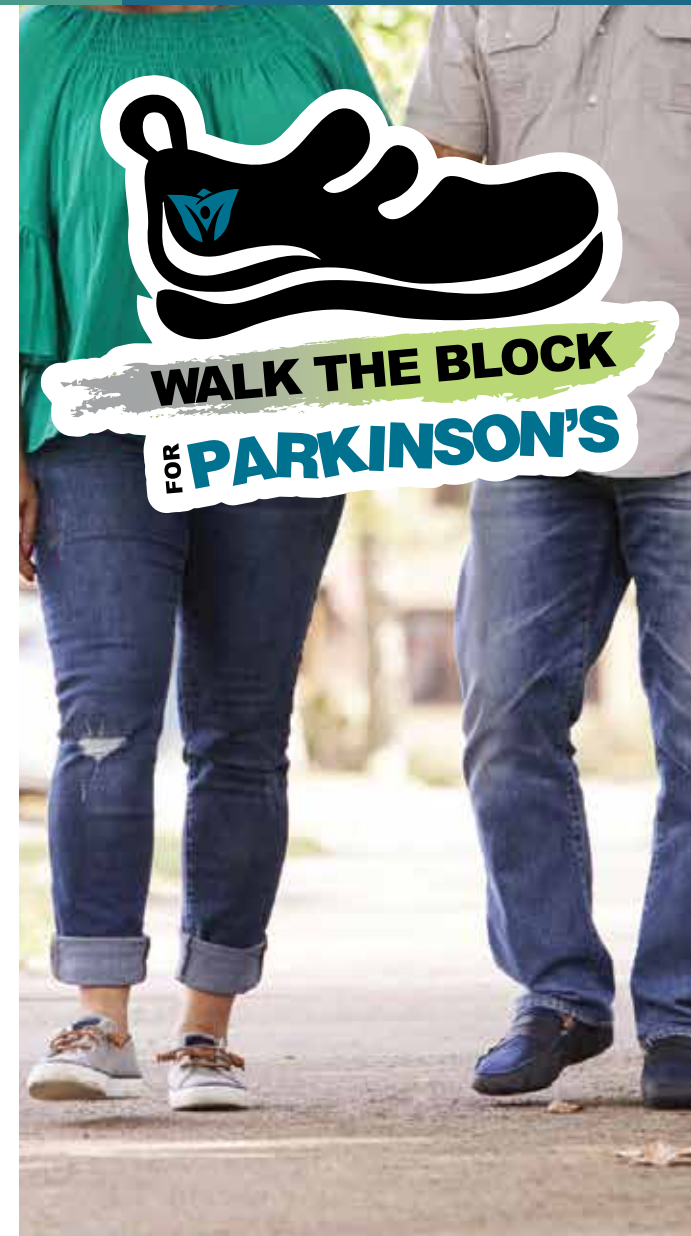
Register online by choosing a location nearest you and setting up your personal page. Then, Walk Your Block on September 12th or 13th!

Brantford-Brant County
 Chatham-Kent
 Goderich
 Grand Bend
 London and District
 Owen Sound
 Port Elgin, Kincardine and Area
 Sarnia-Lambton
 South Grey Bruce and Hanover
 Stratford and Area
 Strathroy and Area
 Tillsonburg-Norfolk County
 Waterloo Region
 Wellington-Dufferin
 Windsor-Essex
 Woodstock-Ingersoll

Stay in Touch

Follow along with us on social media to stay connected, share photos and inspiring stories!

 @ParkinsonSocietySWO & @WALKTHEBLOCKSWO
 @parkinsonswo



SEPTEMBER 2020
walktheblock.ca





WALK THE BLOCK

A diagnosis of Parkinson's and the words 'no cure' can lead to personal crisis. While every person's journey with Parkinson's is unique, all struggle with the stigma and challenges of daily living with this neurological condition. The medical issues are complicated enough. But people often have difficulty finding the support they so urgently need.

Thanks to your efforts, conferences, webinars, CarePartner workshops and other programs and services exist to support people daily. Because of your support, funding is also invested into research include the Graduate Student Scholarship Program that encourages young scientists to enter the field of Parkinson's research.

For more information about Parkinson's and the services we provide, visit parkinsonsociety.ca, email info@parkinsonsociety.ca or call 1-888-851-7376.



Parkinson Society Southwestern Ontario
 117-4500 Blakie Rd, London, ON N6L 1G5

Last Name: _____ First Name: _____ Walk Location: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____ Age Category: Under 18 18-25 26-40 41-55 56-64 65+
 Gender: Female Male / Do you have Parkinson's? Yes No / I'm part of a Team. / Team Name: _____
 How did you hear about the walk? Family/Friend Website Social Media Radio TV Newspaper Other: _____
 Please make cheques payable to: Parkinson Society Southwestern Ontario. Tax receipts will be issued for pledges of \$20 or more, by February 28, 2021. Charitable Registration Number: 83130 2708 RR0001

| Office Use | Name | Street Address | City | Prov | Postal Code | Phone | Cash/ Cheque | Pledge |
|---|------|-------------------|------|------|-------------|-------|--|-----------|
| | | <i>(Required)</i> | | | | | | |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| | | | | | | | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | \$ |
| THANK YOU FOR YOUR SUPPORT! | | | | | | | In-Person Total: | \$ |
| For more information, visit walktheblock.ca or call 1-888-851-7376. | | | | | | | Online Total: | \$ |
| | | | | | | | Total Collected: | \$ |

I acknowledge that my participation in Parkinson Society Southwestern Ontario's **WALKTHEBLOCK for Parkinson's** is at my own risk. If in doubt, I will check with my own physician. I hereby release, waive and forever discharge liability for any and all claims against Parkinson Society Southwestern Ontario (PSSO) and their respective officials and partners, for personal injury, death or property damage resulting from my participation in **WALKTHEBLOCK for Parkinson's** September 2020 on behalf of myself, my heirs, executors and administrators. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by PSSO in any manner whatsoever, including print, broadcast or the Internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

 Signature of participant

 Signature of guardian if
 under 18 years of age

 Date

Page ___ of ___