



HIKE *for* HOPE

The path does not end, but becomes easier to travel...

Saturday, April 1, 2017

12:00 P.M. The Channels

Kids, beginning & experienced hikers welcome!

First name: _____ **Middle:** _____ **Last:** _____

DOB: ____/____/____ **Gender:** ____ Male ____ Female ____ **Age:** _____

Email: _____

Phone: _____ **Emergency Contact:** _____

Mailing Address: _____

T-Shirt Size: ____ S ____ M ____ L ____ XL ____ 2XL ____ 3XL

**All T-shirt sizes are adult sizes. *Children must be 5 years old or older to participate.*

**Hikers are responsible for obtaining a Land Access Permit prior to the hike.*

Proud Partners

Outdoor Adventure Centers, LLC
Cumberland Mountain
Community Services
LEAD Tazewell County
Russell County Commonwealth's
Attorney's Office
Tazewell County Commonwealth's
Attorney's Office
Tazewell County Victim Witness
Assistance Program
Tazewell County V-STOP Program
GROW – Tazewell County
Health Department
Russell County Victim Witness
Assistance Program

**There is not a registration fee
for this event. Free T-shirts will be
available for the first 50 registrations!**

MAIL REGISTRATION FORM TO:

CVCA c/o FCS
P.O. BOX 188
NORTH TAZEWELL, VA 24630
Due: March 16, 2017
Questions?
Call Christie Marshall 276-988-5583

Limitations: Unregistered hikers and walking with dogs are prohibited on the trail in order to assure hiker safety and to comply with liability insurance requirements. Firearms are prohibited. Hikers are not permitted to climb the fire tower. Please be mindful and respectful of wildlife in the area.

Waiver: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, release and discharge **Clinch Valley Community Action, Inc., Outdoor Adventure Centers, LLC, The Channels Natural Area Reserve (Virginia Department of Forestry)** plus any and all partners, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers, from any and all claims of injury, or liabilities of any kind, illness or damages suffered by me, or from the participation of the minor for whom I am signing for, as a result of participating in, or traveling to this event. I know hiking is a potentially hazardous activity. I should not enter and hike unless I am medically able. I agree to abide by any decision of an event official relative to my ability to safely complete the hike. 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 or humidity), conditions of the hike, all such risks being known and appreciated by me. I realize this is a strenuous event which requires proper physical conditions. I hereby certify I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature _____

Parent or legal guardian –For those under 18 years of age

Date _____

