



A Walk to Remember...

Join us to honor, celebrate, recognize & remember those who have experienced domestic violence & sexual assault.

Wednesday, October 4, 2017

SWCC Walking Track

6:00 PM Registration 7:00 PM Walk

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

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

Email: _____

Phone: _____ **Emergency Contact:** _____

Mailing Address: _____

Why Walk?

*I walk to **honor my family & friends**. I hope that none of them experiences domestic violence or sexual assault, but if they do, I want them to have access to the best help available in our community.

*I walk to **celebrate the women, children and men** in our community who have experienced domestic violence & sexual assault. Families are living in homes where trauma & fear are a part of their lives every day. I want them to know that I believe in them, that I support them, and that I am here to help eliminate violence in our community.

*I walk because I **recognize that domestic violence & sexual assault are wrong**, and that everyone deserves a happy, healthy & safe relationship. I walk to **remember those who have lost their lives** because of domestic violence & sexual assault.

*I walk to **raise funds**. Clinch Valley Community Action, Inc. – Family Crisis Services needs support from our community each year to provide these services 24 hours a day, 7 days a week, 365 days a year.

*I walk for **ME!** Peace, tranquility and freedom in my home are my reasons to celebrate every day!

Limitations: Unregistered walkers, unauthorized vehicles, bicycles, skateboards, roller skates, and walking with dogs are prohibited on the course in order to assure walker safety and to comply with liability insurance requirements.

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., Southwest Virginia Community College and their facilities**, plus sponsors, 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 walking is a potentially hazardous activity. I should not enter and walk unless I am medically able. I agree to abide by any decision of an event official relative to my ability to safely complete the walk. 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), traffic and the conditions of the track, 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 _____

MAIL ENTRY FORM TO: CVCA c/o FCSP.O. BOX 188 NORTH TAZEWELL, VA 24630

Questions? Call Jennifer Bourne 276-988-5583