**16th ANNUAL WALKATHON**

**Saturday, October 5th, 2019**

**Registration begins at 10:00 A.M.**

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This is our **BIGGEST FUNDRAISER** of the year. Every penny counts! These funds are essential to the running of our organization. We need your help!

Register as an individual or create a team with others from your church, business, family or club! There will be awards for the individual and team who raise the most money!

**Guidelines:**

* Please fill out the enclosed registration and release forms and bring them with you to the walk. Minors must have parent or guardian’s signature.
* Participants under the age of 12 must have parent/guardian walking with them.
* Participants raising $100 will receive a t-shirt!
* $10 minimum donation to walk
* No pets allowed.
* We will walk **rain or shine**!
* Bring lawn chairs, sun umbrellas, shade tents or blankets to sit back and relax and enjoy a **barbecue lunch and live music** after the walk!!

**Walkathon location:**

**Mephibosheth Farm**

**820 N. Forest Hills School Rd**

**Marshville, NC 28103**

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**2019 Walkathon registration and release**

**Saturday, October 5th, 2019**

**\*Each member of a team must fill out and sign a registration and release form separately.**

**Registration:**

**Name of participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_

**Team name, if applicable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/state/zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Liability Release:**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to participate in the Mephibosheth Farms Angelic Riders, Inc. Walkathon. By signing, I confirm that I am in physical condition to participate in a 3-mile walk without risk to my health. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Mephibosheth Farms Angelic Riders, its board of directors, instructors, therapists, aides, volunteers, and/or employees for any and all injuries/losses I/my son/daughter/ward may sustain while participating in Mephibosheth Farms Angelic Riders, Inc. Walkathon.

**Photo Release (optional):**

**Please cross out paragraph if you do not wish to participate in photo release**, I/we hereby consent to and authorize the use and reproduction by Mephibosheth Farms Angelic Riders, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for the promotional printed material, education activities or for any other use for the benefit of the program.

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

**\* Participants under 18 years of age must have a parent/guardian sign this release for them.**

**Questions?**

**Call (704) 233-9277 or visit our website: Angelicriders.org**

**Email us at: michael@angelicriders.org**

Fill out the form below, one row for each donor’s name and donation amount.

Please bring all donations to the farm on the day of the walk.

**DATE DONOR $ AMOUNT DONOR SIGNATURE CHECK#/ CASH**

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**Total Funds Raised: $\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_**

\*Checks may be made out to **Angelic Riders.**

\* Receipts will be mailed the week after the Walkathon to individuals and businesses making a donation of $75 or more to the address printed on their check. Cash donors who want a receipt need to provide their mailing address with their donation.