



2019 REGISTRATION FORM
Honoring Jim Cameron & LCM's Neighbors in Need

Location: Smith Mountain Lake State Park
Date: Saturday, September 14, 2019
Registration begins at 9:00 AM
5K & 10K Walks begin at 10:00 AM
Registration Fee: \$10 (ages 18 and up); \$5 (ages 3-17)

Please complete one registration form per person. Form may be duplicated as needed, and each form must be signed by the registrant or parent/guardian if registrant is under 18.

Join as a team or as an individual for this fun event. Help Lake Christian Ministries (LCM) assist our Neighbors in need in the Smith Mountain Lake areas of Bedford, Franklin and Pittsylvania counties. Lake Christian Ministries is a 501(c)(3) nonprofit organization. For more information about the Walk, contact us at povertywalkinfo@gmail.com or visit our web site at www.lakechristianministries.org.

Event Choice: 5K Walk _____ 10K Walk _____ **GENDER:** M _____ F _____
Age on September 14, 2019: _____ **Walked last year (Yes/No):** _____
Team Name: _____
Name: (First) _____ (Last) _____
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: Daytime (_____) _____ Evening (_____) _____ **Email:** _____

T-Shirt: Select desired size from the following options (sizes not guaranteed).
Adult Size: Small ___ Med ___ Large ___ X-Large ___ XX-Large ___ **No T-shirt requested** ___
Youth Size: Small ___ Med ___ Large ___

Make checks payable to: Lake Christian Ministries, noting "SML Walk Registration" on the memo line. Mail Registration Form, Registration Fee and collected pledge checks by September 9, 2019 to:
Lake Christian Ministries, SML Poverty Walk, PO Box 695, Moneta, VA 24121-0695

Participant Waiver: In consideration of this registration form, I hereby, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may accrue against the persons or organizations affiliated with this event (including Lake Christian Ministries and any and all sponsors) for any and all injuries that may be suffered by me at or en route to or from the event. I attest that I am physically fit and sufficiently trained for this event. As part of the waiver, I acknowledge that I have read and understand all of the above.

I have read and understand this waiver and am (check one) Registering as a Participant _____ or Signing as the Parent or Guardian of a Participant _____ in the SML Poverty Walk.

Signature: _____ **Date:** _____

A financial statement for LCM is available upon written request from the Commonwealth of Virginia, Office of Charitable and Regulatory Programs.