Saturday, October 9, 2021

Join Us for a .



Choice of Walks & Hikes

- 2-Mile Walk thru Chota Hills
- * 5-k Walk thru Chota Hills
- 2+ Mile Hike on Wellness Trails
- * 4+ Mile Hike on New Trails

9 - 10 am Start from:

First Baptist Church of Tellico Village 205 Chota Rd Loudon, TN 37885

On-line Registration & More Information:

Visit: TrekDeTellico.com

Benefiting



Sponsored by:



Our PLACE **ADULT DAY CENT**

Trek & Tellico

Walk to Remember **Registration Form**

Your Donation Will Go A Long Way To Help Our PLACE Fund Necessary Programs

Online Registration, Maps, Details at TrekdeTellico.com

Name

Minimum Donation: Adults & Teens \$20

Children 6-12 yrs \$10

Make Checks Payable to:

"Tellico Lake Rotary Foundation"

a 501(c)(3) Charity

All Donations Fully Taxable Deductable

Or Mail This Form with Check by Oct 6

Address	
City, State, Zip	
Phone or Cell	
F-mail	

Please Mail This Completed Registration Form,

Signed Waiver, & Donation to: Tellico Lake Rotary Club PO Box 64 Vonore, TN 37885	Emergency Contact	
	Emergency Contact Phone	
	Check desired walk or hike:	
I'm Walking in Honor of	2-Mile Walk on Chota Roads	
I'm Walking in Memory of	5 K Walk on Chota Poads	
I'm not Walking. Please use this donation to sup	2+ Mile Hike on Wellness Trails	
	4+ Mile Hike on New Trails	
T. T		

The Tellico Lake Rotary Club is pleased to sponsor the 2nd Annual "Walk to Remember" with all proceeds benefiting important programs for Our PLACE. Program needs include: Exercise Equipment, Audio-Visual, Sound System, personalized Music & Memory Platforms, Therapy Games, etc. When completed in early 2022, Our PLACE will provide programs that enrich clients afflicted with Alzheimer's and Dementia and provide much needed relief for their caregivers. All walkers & hikers must complete a Participant Waiver Form. Children under 18 must be accomplened by an adult.

2021 Trek de Tellico PARTCIPATION WAIVER RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

<u>P1</u>	EASE READ BEFORE SIGNING
activities	any way in the Trek de Tellico programs, 'Walk to Remember', related events and
on October 9, 2021, I,	, the undersigned, acknowledge, appreciate, and agree that:
1. The risk of injury from my participation in the	Trek de Tellico programs, related events and activities is significant, including the potential ular skills, equipment, and personal discipline may reduce this risk, the risk of serious
	L SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE and assume full responsibility for my participation; and,
	sustomary terms and conditions for participation. If, however, I observe any unusual ion, I will remove myself from participation and bring such to the attention of the and,
HOLD HARMLESS the Rotary Club of Tellico La PLACE, its officers, its directors, officials, agents advertisers, ("RELEASES"), WITH RESPECT TO property associated with my presence or participat OTHERWISE, to the fullest extent permitted by la	personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND ke, the Tellico Lake Rotary Foundation, the First Baptist Church of Tellico Village, Our and/or employees, other participants; and other sponsoring agencies, sponsors and ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or on, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR w and that should I and/or my successors assert any claim in contravention of this or the expenses (including legal fees) incurred by the other party or parties in defending
roads or hiking trails. I accept responsibility for the physical or medical condition which, to my knowledge to the condition which is th	with the walking courses or hiking trails and all rules pertaining to walking on public e condition and adequacy of any personal walking equipment I may use. I have no dge, would endanger myself or others if I participate in any Trek de Tellico walking event, ere with my ability to participate in any such events.
	nd to authorize others to make and use photographs, video recordings, and any other type d activities for any and all legitimate non-commercial use without remuneration.
	ILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY ND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, RILY WITHOUT ANY INDUCEMENT.
x	Age Date Signed:
XPARTICIPANT'S SIGNATURE	
Address:	City-ST-Zip:
Circle Walk: 2-Mile 5k 2-Mile Hike	4-Mile Hike Email :
Emergency Contact:	Relationship:
Emergency Contact Telephone Number:	
This is to certify that I, as parent/legal guardia release as provided above of all the RELEASI agree to indemnify and hold harmless the REI participation in these programs as provided at the fullest extent permitted by law.	GUARDIAN OF PARTICIPANTS OF MINORITY AGE n with legal responsibility for this participant, do consent and agree to his/her ES, and, for myself, my child and our heirs, assigns, and next of kin, I release and EASEES from any and all liabilities incident to my minor child's involvement or ove, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to
Name of Minor:	

PARENT / LEGAL GUARDIAN SIGNATURE

For Additional Information: Phone 423-884-3369 or Email: TdeT17@gmail.com

_____ Date Signed: _____

Print Name of Parent/Legal Name of Guardian: