











About

The Trailblaze Challenge is a one-day endurance event that gives participants the opportunity to challenge themselves physically, mentally and philanthropically. Participants will hike an 18-mile journey along the picturesque mountains in Virginia all while raising much-needed funds to grant wishes of children with critical illness. Included in the hike experience:

Specialized Training Program

- Group training hikes
- Suggested training hikes and training plan

Peer-to-Peer Fundraising Assistance

- Online fundraising page
- Fundraising handbook & guide
- Coaching and support provided by Make-A-Wish Greater Virginia

Weekend Accommodations

- Hotel accommodations paired with another hiker at Skyland Resort on hike weekend (Friday & Saturday night)
- Transportation to and from the hotel on hike day
- All celebratory meals Friday through Sunday with event programs

Hike Day Support

- Trailblaze Challenge hiker swag bag
- Aid snacks & hydration along the trail along with:
 - Professional medical support and search and rescue
 - 2. Encouragement!
 - 3. Wish kid motivation

Where

Shenandoah National Park with accommodations at Skyland Resort

Who

Whether you are a hike enthusiast or a Make-A-Wish supporter, this hike is open to participants of all levels. This hike is not a race, and all hikers must be 18 years of age or older.

When

Friday, April 12 - Sunday, April 14 The hike is on Saturday, April 13

Why

By taking on this challenge, you will raise awareness and much-needed funds for Make-A-Wish Greater Virginia. A wish come true empowers a child to fight harder against their illness and improves their quality of life.

How

- **1.** Register for an information session at **va.wish.org/trailblazechallenge**
- **2.** Submit your registration form with a non-refundable \$100 registration fee to **contact@va.wish.org**. *All registration fees will go toward your fundraising minimum.
- **3.** Commit to fundraise a minimum of \$2,500 to help grant wishes we have the tips and tools to help you succeed!





Trail Map

18 Miles • One Day • Grant Wishes

Start:

Big Meadows Parking Lot/Story of the Forest Trail

Check-In #1:

Rose River Loop Trail/Skyland-Big Meadows Horse Trail

Check-In #2:

Upper Hawksbill Trailhead Parking

Lunch/Check-In #3:

Hawksbill Gap Parking Area

Check-In #4:

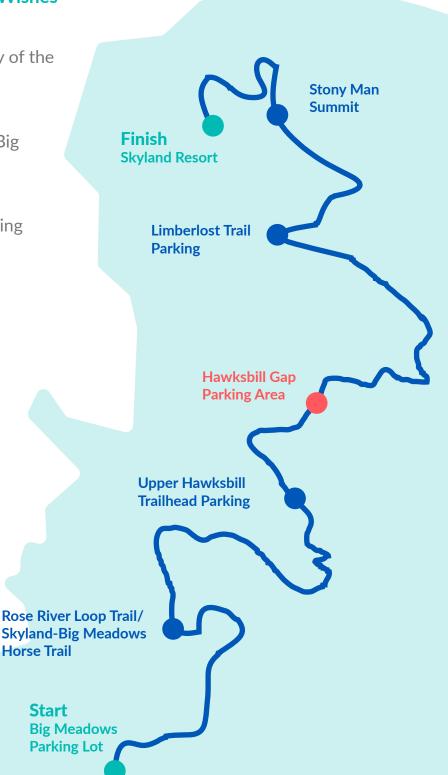
Limberlost Trail Parking

Check-In #5:

Stony Man Summit

Finish:

Skyland Resort













Gear Recommendations

- Proper shoes and socks
- Day pack with hydration bladder
- Trekking poles
- First aid kit and toiletries
- Head lamp

Hiking Boots

Hiking boots are probably the most important piece of gear when planning a hiking trip. Inappropriate and improper fitting boots cause painful blisters, feet, leg and back pain, but they will also increase your overall fatigue level. This can affect your safety and may result in serious injuries. Shop wisely - it will be well worth your time!

Types of boots range from trail shoes to trail runners to heavy mountaineering boots. Each one has different qualities that you need to evaluate:

- Comfort
- Foot & ankle support
- Weight
- Durability
- Sole qualities and tread
- Waterproof
- Must have a good fit



They should feel snug but not tight to restrict circulation or toe movement. No slipping. They should feel secure around your ankle and instep. Wear the type of socks that you will be hiking in. A thin nylon or polyester liner layered with a heavier sock is recommended to keep your feet dry.

- Always, always break your boots in before going on an extended hike. Condition and shape as needed to avoid discomfort.
- Take care of your boots. Clean and waterproof them periodically as needed.

Sock Options

Today's high-performance socks not only keep your feet dry and comfortable, they also cushion and support. Here are several guidelines when selecting your socks:

- Don't buy 100% cotton socks. Choose those made from synthetics or a blend of synthetics and cotton.
 Synthetics such as acrylic and CoolMax disperse blister-causing perspiration and keep your feet drier and cooler.
- Watch out for toe seams—they're one of the biggest causes of blisters.
- Consider socks that are padded in high-impact areas, like the heel and toe, especially if you have a heavy foot-strike or are prone to blisters in these areas.
- Pick out socks that have a tighter weave in the middle of the foot. This provides support and helps prevent slippage. Make sure you buy the correct size. This prevents bunching and slipping and, thus, blisters.









Hiker Commitment Agreement

As a Trailblaze Challenge® participant, you will help Make-A-Wish Greater Virginia raise awareness of its mission while raising vital funds to support Make-A-Wish Greater Virginia in granting wishes to local children with critical illnesses. Make-A-Wish Greater Virginia asks you to commit to train for and participate in an endurance event as well as commit to a fundraising minimum. The funds you raise will benefit the mission of Make-A-Wish Greater Virginia and also defray the costs of the program.

Fundraising Minimums

When you register to participate in Trailblaze Challenge, you will be asked to commit to raise a minimum amount of funds. These minimums are set to defer all program expenses and raise vital funds to grant the wish of every eligible child.

Make-A-Wish will also ask each hiker to submit a **Recommitment Form** 4-6 weeks prior to the event confirming your commitment to the team. At this point, we ask that you strive to have raised a minimum of 50% of your total fundraising goal.

Fundraising minimum by: May 14, 2024	Suggested amount raised by recommitment date: March 8, 2024		
Individual: \$2,500 Team: # x \$2,500	Individual: \$1,250 Team: # x \$1,250 Fundraising		

If you have not raised the minimum by recommitment but want to confirm your participation in the event, you will be asked to provide your credit card. Should you decide not to recommit, you will not be allowed to participate in the Trailblaze Challenge, the funds raised to date will be donated and will remain tax-deductible for your donors.

If you have not raised the required minimum by the final fundraising deadline, you will be responsible to donate the difference with a credit card or check in order to participate in the Trailblaze Challenge.

Expense Reimbursement Policies

Your Trailblaze Challenge experience will include lodging for 3 days/2 nights at Skyland Resort, a hiker goody bag, training program, pre-hike dinner, travel to and from the trail, trail support, post-hike celebration and a victory recognition breakfast and award ceremony. Make-A-Wish will NOT reimburse participants for: (1) expenses incurred other than those outlined in the program or, (2) the traveling expenses of spouses or other traveling companions.

The Agreement

I have read and understand the above. I hereby commit to being a Trailblaze participant and to meet the expectations set forth above. I acknowledge that I am participating in Trailblaze Challenge solely to support the mission of Make-A-Wish, without any expectation of monetary benefit. I also acknowledge that as a Trailblaze participant, I will be engaging in fundraising activities on behalf of and as an agent of Make-A-Wish Greater Virginia and that any funds raised or held pursuant to such activities are the property of Make-A-Wish.

Printed Name of Participant: _		
Participant Signature:		

PARTICIPANT ASSUMPTION OF RISK, WAIVER, AND AGREEMENT TO RELEASE AND HOLD HARMLESS

MUST BE 18 OR OLDER TO PARTICIPATE IN THIS PROGRAM

In consideration for being accepted as a participant in the Make-A-Wish® Trailblaze Challenge program of the Greater Virginia Chapter, I, _____ (the "Participant") hereby affirm, acknowledge and agree to the following:

- 1. I am voluntarily participating in the Trailblaze Challenge program and all of its activities, including without limitation training for and participating in the program (collectively, "the Program"), at my own request and at my own risk.
- 2. I expressly represent that I am not suffering from any disease or physical condition which could result in my death or injury as a result of my participation in the Program. I fully understand that the Program requires a minimum level of fitness for safe participation. I certify that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me by a physician that would in any way prevent me from or caution against my participating in the Program. I understand that the Program is a potentially hazardous activity and that I should not participate unless medically able.
- 3. I fully recognize and understand that there are risks and hazards, minor and serious, associated with participation in the Program, ranging from scrapes, bruises, lacerations, broken bones to concussions, spinal cord injuries, paralysis, and even death. These injuries may result from many things, including without limitation, contact with or crashing into other participants, falls, environmental and weather conditions, and conditions of the trail in the Program.
- 4. I understand that protective equipment and gear, including without limitation headlamp, trekking poles, sunscreen and sunglasses, day pack with hydration bladder, proper shoes and socks, first aid kit and toiletries, rain apparel, bug spray, and light weight or Dri-Fit (wicking) clothing are recommended for the safety and protection of participants. However, I understand that wearing such equipment and gear will not eliminate the risks of participation, and I voluntarily assume all risks of participation regardless of whether or not I follow these recommendations.
- 5. I assume all risks of any loss, damage, illness and/or injury (including without limitation permanent injury or death) to my person or property (including without limitation the destruction or theft of my personal property) in any way associated with my participation in or inherent in the Program, whether known, unknown, or unknowable, and even though such risks also may be known to the Make-A-Wish Parties (as defined herein). I also fully understand that I may not know or appreciate all such risks, but I voluntarily assume all risks.
- 6. I assume all responsibility for any and all damages to, including without limitation the destruction or theft of, my personal property and any and all bodily injury (including permanent injury or death) that may occur to me, and further I assume responsibility for any and all property damage and bodily injury (including permanent injury or death) that I may cause to others, in each case arising directly or indirectly from my participation in the Program, even if the damage or injury is caused by or arises out of the negligence, default, or other action or inaction of Make-A-Wish or any other person or entity, including without limitation the Make-A-Wish Parties.
- 7. That to the fullest extent permitted by law, I, on behalf of myself, my successors in interest, heirs, assigns and representatives, hereby fully and forever release, discharge, and hold harmless Make-A-Wish and its chapters, their Officers, Trustees, agents, employees, volunteers and any medical providers working for or on behalf of the Program and representatives, successors and assigns (be they individuals or organizations), including without limitation Austere Medical Professionals, together with their insurers and sponsors (collectively, "the Make-A-Wish Parties"), of and from any and all liability, claims, demands, damages, costs and expenses (including without limitation attorneys' fees and related litigation costs), actions and causes of action whatsoever on account of any loss, damage or injury to person (including permanent injury or death) or any other loss or inconvenience whatsoever, suffered by me at any time arising out my participation in this Program, including without limitation travel to and from the Program, whether directly or indirectly resulting from the negligence, default, or other action or inaction of any of the Make-A-Wish Parties or otherwise (collectively, "Liabilities").
- 8. Make-A-Wish has full permission to freely use my name, picture and voice in any broadcast, telecast, print account or any medium of this Program (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I have in my name, picture and voice.
- 9. My personal information (name, address, phone number, e-mail, donation amount) will be incorporated into the Make-A-Wish database and may be used to communicate with me, and I will have the option to unsubscribe at any time for any or no reason to any/all communications made by Make-A-Wish.
- 10. All donations are non-refundable and nontransferable even if I do not participate in the Program.
- 11. I understand and consent to the rendering of preventative or first-aid assistance, treatment, or medical care (including without limitation emergency or other transportation related to such assistance, treatment or medical care) that in any Mark-A-Wish Party's judgment is appropriate for my health and well-being.
- 12. I have read and understand this Assumption of Risk, Waiver, and Agreement to Release and Hold Harmless and sign it of my own free will with full knowledge of its significance.
- 13. This Assumption of Risk, Waiver, and Agreement to Release and Hold Harmless will be governed by and subject to laws (except the choice of law principles) and exclusive jurisdiction of the courts of Virginia.
- 14. If any provision of this Assumption of Risk, Waiver, and Agreement to Release and Hold Harmless is found to be invalid or unenforceable, the validity or enforceability of the remaining provisions shall not be affected.
- 15. By executing this Assumption of Risk, Waiver, and Agreement to Release and Hold Harmless, I certify that I am an adult, 18 years of age or older, and registering myself, and as such and on behalf of myself, I certify and agree to all terms and conditions in this Assumption of Risk, Waiver, and Agreement to Release and Hold Harmless on behalf of myself.
- 16. If any term, covenant or condition of this Assumption of Risk or the application thereof to any person or circumstance shall to any extent be held invalid or unenforceable, the remainder of this Assumption of Risk or the application of such term, covenant or condition to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term, covenant and condition of this Assumption of Risk shall be valid and enforced to the fullest extent permitted by law.

Print Your Name:			
Date of Signature: $_$			



For more information, please contact:

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