

Walking Program Registration Form



Route _____ **Date** _____

Name _____
First name Last name

Address _____
City State Zip

County _____ **Gender** (Select one) **Male** **Female**

Email address _____

Preferred phone _____ **Preferred time** (Select one) **Afternoon** **Evening**

Emergency contact _____ **Emergency phone** _____

Age group: (Select one)

Under 20 yrs.

21-39 yrs.

40-59 yrs.

Over 60 yrs.

How often do you participate in physical activity for 15 or more consecutive minutes? (Select one)

3 or more times/week

1-2 times/week

1-4 times/month

Less than once/month

In general, describe your health. (Select one)

Excellent

Very good

Good

Fair

Poor

The information collected will be used for the purpose of WalkWorks related materials and events, only. It will be treated in confidence and not be disclosed to any other party. I understand that a WalkWorks representative will use this information to help better my WalkWorks experience.

This document is to release the Pennsylvania Department of Health, the University of Pittsburgh and all contracted organizations, including municipal and private property interests from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against these organizations which may arise from such activities.

It is not possible to identify all potential risks of walking. By signing this, I acknowledge that I know that walking is a potentially hazardous activity; I should not enter a beginning walking program unless I am medically able and have consulted with my physician either in person or via telephone. I acknowledge that falls, contact with other participants, the effects of weather and the condition of the track, trail or street are all risks known and appreciated by me.

As a participant in WalkWorks, I voluntarily give my consent and agree to this release form of responsibility, assumption of risk and waiver.

Signature _____ Date _____

Steps to a Healthier You

Please e-mail completed forms to
blaircountyywalkworks@gmail.com

pawalkworks.com