

# WALKING PROGRAM REGISTRATION

DATES  
TIMES  
LOCATION

Please print

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 Code \_\_\_\_\_ - \_\_\_\_\_  
Phone (Home) (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone (Work/Cell) (\_\_\_\_)\_\_\_\_-\_\_\_\_  
E-Mail \_\_\_\_\_  
Age Category:  Child 0-12  Junior 13-17  Adult  18-29  30-49  50-69  70 +  
Sex  Male  Female

Fees enclosed:

\$?? T-shirt – Size  Small  Medium  Large  Extra Large  
 \$?? Pedometer

Total Enclosed: \$ \_\_\_\_\_

Make check payable to: ?

*Waiver: I have full knowledge of the risks involved and am physically fit to participate in this program. Also, in consideration of my participation in this program, I release and discharge all participating organizations for injuries or damages incurred during the program. I also authorize \_\_\_\_\_ organization to utilize any photographs and /or video recordings of my participation in this program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail registration form and check to: ?

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