Walk Across Tennessee Individual Registration Form

Name: ___________________________________________  Age (optional): _________

Mailing Address: ________________________________________________________________

E-Mail Address: _________________________________________________________________

Ethnic background (optional):

_____ African-American  _____ Asian  _____ Hispanic
_____ Native American  _____ Caucasian  _____ Other (specify): ____________

My personal goals for participating (check all that apply):

_____ Reducing stress
_____ Controlling blood press
_____ Reducing screen time (television, computer, game and phone)
_____ Improving blood sugar levels
_____ Improving sleep
_____ Increasing my personal energy
_____ Using walking to help stop smoking
_____ Losing weight—How many pounds do you plan to lose? ___________

Waiver

I wish to participate voluntarily in the Walk Across Tennessee physical activity for the purpose of personal fitness. I understand that I should have medical approval from my health care professional if I:

• have any chronic health problems such as heart disease or diabetes.
• have pains in my heart/and or chest areas.
• feel dizzy or have spells of severe dizziness.
• have a bone or joint condition, like arthritis, that might be made worse by an exercise program.
• have been told by a doctor that I have high blood pressure.
• have any physical conditions or problems that might require special attention in an exercise program.
• am a male over 45 or female over 50 and not accustomed to vigorous exercise.

I agree to this waiver and agree to accept full responsibility for any injuries you may sustain while participating in this program and hold harmless all Sponsoring Parties.

____________________________________ __________________________
Signature       Date

Participants under age 21 must also have parent or guardian approval.

I agree to this waiver and agree to accept full responsibility for any injuries you may sustain while participating in this program and hold harmless all Sponsoring Parties.

____________________________________ __________________________
Signature       Date