

Walk Across Tennessee Individual Registration Form

Name: _____

Age (optional): _____

Mailing Address: _____

E-Mail Address: _____

Ethnic background (optional):

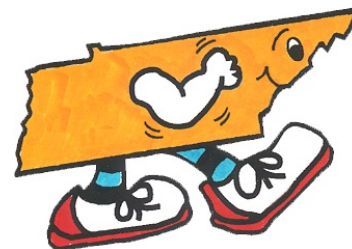
_____ African-American
_____ Native American

_____ Asian
_____ Caucasian

_____ Hispanic
_____ 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 requires 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