

WALK TX AND MORE

10-WEEK CHALLENGE REGISTRATION FORM

Your personal information is private and not shared with any one.

If not on-line, please give your completed form to your Group Leader or mail it to us at:

Austin Public Health – WALK TX AND MORE * PO BOX 1088 * Austin, TX 78767-1088

PLEASE PRINT CLEARLY:

Your Name: _____ Age: _____ Today's date: ____/____/____

Phone Number: _____ Zip code: _____ Gender: Female Male

Are you participating individually (Ind) or in a group (GR)? Please check one box: Ind GR

If you are in a group, what is your group leader's name? _____

Race/Ethnicity:

- White Hispanic/Latino Black/African American
 Asian American Native American Indian Other: _____

Highest school grade completed:

- Grade _____ High School or GED Some College College
-

1. Have you ever participated in WALK TX 10-Week Challenge before?

Circle one: yes no If yes, when? _____

2. On average, how many days per week do you now engage in at least 30 minutes of exercise that increases your heart rate and makes you sweat? Please check one box:

- 0 days 1-2 days 3-4 days 5 or more days per week

3. What types of physical activity do you engage in now? Please check one or more boxes:

- Walking Running Cycling Swimming Weight lifting
 Group fitness – what type? _____ None Other: _____

4. How many hours do you spend sitting, using the computer, or watching TV, on a:

Typical weekday? 8 hours or more 5-7 hours 3-4 hours other: _____

Typical weekend? 8 hours or more 5-7 hours 3-4 hours other: _____

WALK TX AND MORE

RELEASE OF LIABILITY

I, (please type or PRINT your name clearly) _____, voluntarily choose to participate in the WALK TX AND MORE program.

I am hereby informed and understand that the WALK TX AND MORE program is designed to encourage a gradually increasing workload on my muscles and cardiopulmonary (heart and blood vessels) system, at my discretion, in an attempt to improve its functioning. Some types of exercise may exceed my physical ability and I am cautioned not to overwork my body and to do only the movements that I am physically capable of executing. I am hereby advised that I must be in good health to participate in this program and that before starting any exercise program, I should consult with a physician.

I am hereby advised that if I currently suffer from any chronic diseases, such as diabetes, heart disease, or asthma, I need to CONSULT MY PHYSICIAN BEFORE STARTING the 10-Week Challenge.

If, at any time during my participation in the WALK TX AND MORE program, I experience any form of chest pain, pain in the extremities, discomfort, dizziness, fainting, or other similar symptoms, I will DISCONTINUE PARTICIPATION in the program and consult a physician.

I am fully aware, understand and accept the risks involved, which I have had explained to me, in participating in the WALK TX AND MORE program. Upon registration in this program, I do hereby RELEASE for myself, my heirs, my executors and administrators, and WAIVE any and all rights to claims for damages arising from any illness, injury or occurrence or aggravation thereof as a result of participation or connection with said Austin Public Health - Chronic Disease and Injury Prevention Program, instructors, representatives, Walking Group Leaders, or facilities. Release also applies to ordinary negligence of either part, including negligence related to the condition or maintenance of the property over which the program will occur and any other negligence expressed or implied in law, statute, regulation or public policy.

I have read and understand the foregoing statements. Any questions that have arisen or occurred to me have been answered to my satisfaction. None of the answers provided to me orally have been in any manner inconsistent with the information provided in this statement.

FOR ON-LINE USERS:

By clicking this box, I agree to these terms and conditions.

IF NOT APPLYING ON-LINE, PLEASE SIGN YOUR NAME BELOW:

X _____ DATE: _____