**WALK TX AND MORE**

**“10-WEEK CHALLENGE” START FORM**

**WHAT YOU WRITE IS PRIVATE AND NOT SHARED WITH ANY ONE**.

Please give your filled-out form to your Group Leader or mail it to:

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

**PLEASE USE PLAIN PRINT**

Name: Date:

Phone Number: Email:

Age: years Home ZIP code: Gender: 🞏 Male 🞏 Female 🞏 Other

**Race / Culture: Please check one or more box / boxes:**

🞏 Black/African American 🞏 Hispanic/Latino 🞏 White

🞏 Native American Indian 🞏 Asian American 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check last grade finished at school in one box:**

🞏 Grade 11 or below 🞏 Grade 12 or GED 🞏 Some College 🞏 College

1. Have you ever had a WALK TX “10-Week Challenge” before?

Please check one box: 🞏 Yes or 🞏 No

1. About how many days per week are you active for 30 minutes or more (when you have an increase in heart rate and your body sweats)? Please check one box:

🞏 0 🞏1 day 🞏 2 days 🞏 3 days 🞏 4 days 🞏 5 or more days per week

1. How are you active now? Please choose one box or more:

🞏 Swim 🞏 Walk 🞏 Weights 🞏 Yoga 🞏 Bike

🞏 Run 🞏 None 🞏 Other 🞏 Group class – name of class:

1. When I take part in WTAM, I will: Please check one box.

🞏 Lead a group 🞏 Be in a group

If you are in a group, please tell us your group lead’s name?

**Please read and sign the page on back to complete your Start Form.**

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**Please write your name in the space and sign your name at the end of the page:**

I, (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, choose to take part in WALK TX AND MORE.

I have been told and know that the WALK TX AND MORE (WTAM) program is planned to urge a slow increase in workload on my muscles and organs, at my own pace, to improve how well my body works. Some ways to move more may be more than what my body can do. I am warned not to do more than my body can do, and to do only what I am able to do. I am warned that I must be in good health to take part in this program. I am urged to talk with my doctor before I start.

If I have any part not right with my health, I have been warned to talk with my doctor before I start WTAM. If I have any pain or feel faint or sick, I have been warned to **STOP.** I have been urged to call my doctor or 9-1-1.

I am warned, and I know and accept the risks of what might come up for me if I take part in WTAM.

I RELEASE for myself, my heirs, and my person(s) I chose to take care of my will and WAIVE all rights to claims for losses that may come up. A loss can mean that I get sick or my health gets worse, or I feel harm as I take part in WTAM.

This “release” pertains to any link with WTAM, Austin Public Health staff, helpers, group leads, or place. “Release” also goes for any neglect of either part and includes any neglect to the place or space where the program will occur, and any other neglect said or implied in law, statute, rules or “public policy.”

I have read and grasp the meaning of what is stated above. If I had any questions, they have been answered and I now know the answers. None of the answers given to me differ from the facts given in this Start Form.

**Please Sign Your Name by the “x” below: Today’s DATE:**

**X**