Walking Program Registration Form

WalkWorks
pennsylvania DEPARTMENT OF HEALTH

Route _____ **Date** _____

Name _____
First name Last name

Address _____
City State Zip

County _____ **Gender** (Select one) ☐ **Male** ☐ **Female**

Email address _____

Preferred phone _____ **Preferred time** (Select one) ☐ **Afternoon** ☐ **Evening**

Emergency contact _____ **Emergency phone** _____

Age group: (Select one)

☐ **Under 20 yrs.** ☐ **21-39 yrs.** ☐ **40-59 yrs.** ☐ **Over 60 yrs.**

How often do you participate in physical activity for 15 or more consecutive minutes? (Select one)

☐ **3 or more times/week** ☐ **1-2 times/week** ☐ **1-4 times/month** ☐ **Less than once/month**

In general, describe your health. (Select one)

☐ **Excellent** ☐ **Very good** ☐ **Good** ☐ **Fair** ☐ **Poor**

The information collected will be used for the purpose of WalkWorks related materials and events, only. It will be treated in confidence and not be disclosed to any other party. I understand that a WalkWorks representative will use this information to help better my WalkWorks experience.

This document is to release the Pennsylvania Department of Health, the University of Pittsburgh and all contracted organizations, including _____, from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against these organizations which may arise from such activities. (WalkWorks Partner)

It is not possible to identify all potential risks of walking. By signing this, I acknowledge that I know that walking is a potentially hazardous activity; I should not enter a beginning walking program unless I am medically able and have consulted with my physician either in person or via telephone. I acknowledge that falls, contact with other participants, the effects of weather and the condition of the track, trail or street are all risks known and appreciated by me.

As a participant in WalkWorks, I voluntarily give my consent and agree to this release form of responsibility, assumption of risk and waiver.

Signature_____ Date_____

To register for any of the WalkWorks routes, please complete this form and e-mail it to: pawalkworks@pitt.edu. Upon receipt, your form will be forwarded to our community-based partner responsible for the route that you designate. To view the route options, visit www.pawalkworks.com.