



WALK ACROSS TENNESSEE

Individual Registration Form

Name: _____

E-Mail Address: _____

My current daily average minutes of intentional physical activity (exercise) is:

_____ 0-30 minutes _____ 30-60 minutes _____ 60+ minutes

Ethnic background (optional):

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

Age (optional): _____

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