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 pressure
   _____ 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 require 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 __________________________