

# WALK *Across* Tennessee



## Individual Registration Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnic background: \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
\_\_\_\_\_ Native American \_\_\_\_\_ Caucasian Other (specify) \_\_\_\_\_

Check type of team:

\_\_\_\_\_ I am on a **WALKING TEAM**.

\_\_\_\_\_ I am on a **RUNNING TEAM**.

MY personal goals for walking/running include: (check all that apply)

- \_\_\_\_\_ This is the first time I have participated in Walk Across Tennessee
- \_\_\_\_\_ Reducing stress
- \_\_\_\_\_ Controlling blood pressure
- \_\_\_\_\_ Eating more fruits and vegetables
- \_\_\_\_\_ Reducing portion sizes
- \_\_\_\_\_ Reducing screen time (TV, computer, game and phone)
- \_\_\_\_\_ Improving blood sugar levels
- \_\_\_\_\_ Improving sleep
- \_\_\_\_\_ Increasing my personal energy
- \_\_\_\_\_ Using walking to help stop smoking
- \_\_\_\_\_ Losing weight



### 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 serve 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 I 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 my child may sustain while participating in this program and hold harmless all Sponsoring Parties.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date