

Individual Registration Form

Each individual walker is required to complete this form.

The form must be turned in by September 13th.

You may fill it out Online at <http://extension.tennessee.edu/perry>

Print/Email to: Stacy at sclark46@utk.edu

Fax to: (931) 589-5819

Mail to: 113 Factory Street, Linden, TN 37096

If you have any questions, please call us at: (931) 589-2331

Name _____
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Phone Number _____ E-Mail Address _____

Gender (circle one) Male Female Age (optional) _____

Ethnic Background (circle one) African-American Asian Hispanic
Native American White Other (specify) _____

The NAME of my team is _____

My team captain is _____

MY personal goals for walking 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 & vegetables
- _____ Reducing portion sizes
- _____ Reducing screen time (television, computer, game and phone)
- _____ Improving blood sugar levels
- _____ Improving sleep
- _____ Increasing my personal energy
- _____ Use walking to help stop smoking
- _____ Losing weight... How many pounds do you plan to lose over the next 6 weeks? _____

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.
- felt 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 accept full responsibility for any injuries I may sustain while participating in this program and hold harmless all Sponsoring Parties.

Signature _____ Date _____

Under age 18, parent or guardian signature is required.

Parent or Guardian of Walker _____

Date _____