



WALK ACROSS TENNESSEE

INDIVIDUAL REGISTRATION FORM

Please print clearly

ALL FORMS DUE JANUARY 14 TO SHELVA MOORE

moores@mcnairy.org / Fax: 731-645-5792

NAME: _____ TEAM NAME: _____

EMAIL: _____ AGE: _____ GENDER _____

ETHNIC BACKGROUND (OPTIONAL)

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

MY PERSONAL GOALS FOR PARTICIPATING (CHECK ALL THAT APPLY)

_____ Reduce stress	_____ Improve blood sugar levels
_____ Control/reduce blood pressure	_____ Stop smoking
_____ Improve sleep	_____ Lose weight
_____ Increase energy	_____ Improve mental health
_____ Maintain weight	_____ Build strength/stamina

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