

# Worksite on the Move Program Registration Form

**Congratulations!** You have taken the first step to becoming more physically active by registering for the *Worksite on the Move* eight-week walk/run training program.

**What:** An eight-week walk/run training program that prepares you for a 5K race.  
*INSERT RACE INFORMATION.*

**Dates:** *INSERT DAY OF WEEK and TIME OF DAY for the training sessions.*

**Where:** *INSERT TRAINING SESSION LOCATION.*

**Cost:** *INSERT COST INFORMATION (e.g. if there is a cost to participate in the 5K race)*

**Questions?** *INSERT CONTACT PERSON'S NAME/Phone number*

To register, please complete the information below and send it to: *INSERT CONTACT PERSON.*

*INSERT NAME OF COMPANY/AGENCY* Walk/Run Training Program  
Please Print

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By checking this box, I acknowledge that I have completed the Physical Activity Readiness Questionnaire (PAR-Q) and understand any medical risks I have. If I answered "Yes" to any questions on the PAR-Q, I understand I should consult with my health care provider before starting the program.

Complete and sign the waiver below:

**WAIVER.** I certify that I am medically able and have no medical limitations to participate in the walk/run training program. I also assume any and all risk associated with participating in this program, including, but not limited to traffic on the training routes, falls, contact with other participants, the effects of weather (including high heat and/or humidity) and the condition of the roads. Knowing these facts, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the *Name of Organization* from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of, my participation in this program. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the *Name of Organization* to use any photographs, videotapes, recordings or any other record of this event for any purpose.

I have read the foregoing and certify my agreement by my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_