

Angier Parks and Recreation Community Walking Program Registration Form

Participant's Name \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Age or Group:

19-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_ 70 plus \_\_\_\_\_

Mother with baby, small children \_\_\_\_\_ Owner and pet \_\_\_\_\_

Choose Your Fitness Goal:

Choose your own fitness goal based on your current fitness level, availability, and personal objectives.

Beginner: 30 minutes each day, 2-3 times per week \_\_\_\_\_

Intermediate: 30-45 minutes each day, 4-5 times per week \_\_\_\_\_

Advanced: 45-60+ minutes each day, 5-6 times per week \_\_\_\_\_

Walking Times:

Morning: 9:00am \_\_\_\_\_ Lunch: 12:30pm \_\_\_\_\_ Afternoon: 4:00pm \_\_\_\_\_

Evening: 7:00pm \_\_\_\_\_ Other: \_\_\_\_\_

Waiver I agree to assume full responsibility for any risks, accidents, or injury during the walking program sponsored by the Angier Parks & Recreation Department. I do hereby, as a participant in the program, waive, release, absolve, and agree to hold harmless the Town of Angier, their volunteers, organizers, sponsors, and supervisors for any claim arising from any accident or injury to the participant.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_