

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 _____