

Individual Registration Form



***Must be turned in to team captain before beginning!**

Name: _____ **Team Name:** _____

Telephone: _____ **T-Shirt Size:** _____

Address: _____ **Email:** _____

Age: _____

Gender: Male ____ Female ____

Ethnicity: White ____ African American ____ Asian ____ Hispanic ____

Native American ____

I work at: _____ (list N/A if not applicable)

I wish to participate voluntarily in the *Walk Across Tennessee (Bledsoe County)* 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.
- 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 a 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.

Signature: _____

Date: _____