

REGISTRATION AND WAIVER

Introduction to Nordic Walking

Name

Address

Email address

Text/phone number

DOB

What is your preferred form of exercise?

How often do you do this form of exercise? (Circle the answer that best fits you.)

Daily

Twice a week

Once a week

Once in a while

LIABILITY WAIVER: In consideration of receiving permission to participate in Nordic Walking opportunities of Healthy Futures (HF), I _____:

1. Understand and acknowledge that I am proceeding at my own risk. I understand that HF makes no warranties or representation, expressed or implied, regarding the condition or safety of the property itself or the activity to be done. 2. Agree to release, hold harmless and indemnify HF (including its agents, employees and service volunteers) from any loss, liability or expense with respect to bodily injury (including death) or property damage which might result from or arise of my participation in these activities.

Sign here: _____

Date: _____

Mail completed form with your check by March 5 to :

Healthy Futures

10 Holly Drive

Westerly, RI 02891