

Walk Across TN Individual Registration Form



August 12 - September 13

2019 Walking Competition

You (the walker) turn this form into your Captain by July 26 at noon!

July 26 at noon !! Captains send all your team members Individual Registration forms to Obion County Health Department!

Fax to 731-885-4855 or scan and email to Natalie.M.Boyd@tn.gov by July 26 at noon!

Please Print!

Name _____

Team _____ Name _____

Phone _____ Email _____

My team is made up of: Circle

Work site Church School Family Club Neighbors

I wish to participate voluntarily in the Walk Across Tennessee 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
- ◆ Feel dizzy or have severe dizziness
- ◆ Have a bone or joint condition, that might be made worse by an exercise program
- ◆ Have been told by a doctor that I have high blood pressure
- ◆ Have physical conditions/problems that might require special attention in a exercise program
- ◆ Am a male over 45 or a female over 50 and not accustomed to vigorous exercise

If the individual registering is under age 21, a parent or guardian must sign for the individual.

I agree to accept full responsibility for any injuries I may sustain while participating in this program.

Signature _____ Date _____

____ I agree to accept full responsibility for any injuries I may sustain while participating in this program & hold harmless all sponsoring parties.

