



Walk Across America Registration Form

See flyer for program details

All registrants will receive detailed program materials after registration and healthy tips throughout the program.

Name: _____

Please choose your level of participation:

I want to register for the challenge and prizes. (\$5) *Proceeds go to Governor's Food Drive.*

I want to register for the challenge but don't care about prizes. (No Fee)

I am not interested at this time, but please sign me up for the Wellness List so I can receive general information on maintaining a healthy lifestyle.

My route will be: (Check box if you know at this time.)

Dallas, TX *10,000 steps a day route* (Approx. 2,100 miles)

New York *More than 10,000 steps a day route* (Approx. 2,900 miles)

Grand Canyon *Less than 10,000 steps a day route* (Approx. 1,200 miles)

Confidentiality level:

I want others to know I am registered so they can encourage me.

I want my registration to be confidential.

Content provided through this program is for informational purposes only and is not to be considered advice. Always consult a qualified medical professional before beginning any nutritional program or exercise program. By participating, you represent that you have received consent from your physician to participate in this. We are not responsible for any health problems that may result from using information you learn about through this program. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through this program. We try to provide helpful and accurate information, but we cannot verify, endorse or vouch for all of the information or recommendations available through this program.

*The Oregon Tort Claim Act (30.260 to 30.300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the state, WOU, the Teaching Research Institute, its officers, agents and employees for all claims, suits or actions of any nature arising out of participation in the above described activity, other than negligent acts of WOU, the Teaching Research Institute, its officers, agents and/or employees.

Signature

Date

Return form (and \$\$ if competing for prizes) to: Robbin Bull