

150 WALKING CHALLENGE REGISTRATION FORM

Date: _____

150 Walking Card Number: _____

First Name: _____

Last Name: _____

Cell Number: _____

Email: _____

Address: _____

City: _____

State: _____

Zip Code: _____

I am a:

Employee of the Dayton VA Medical Center

Veteran

Volunteer at Dayton VA Medical Center

Active Duty Military

Other _____

Are you over the age of 18 years old: Yes No

If not, please state age: _____

If you under are 18 years old please list responsible adult name: _____

Contact information for responsible adult: _____

How did you hear about the 150 Walking Challenge?: _____

Emergency Contact Information: Name _____ Phone: _____

Do you plan on trying to walk 150 miles between January 1, 2017 and November 11, 2017? Yes No

By registering for the 150 Walking Challenge, I have read and understand the "Things to know about the 150 Walking Challenge." I understand that I am walking voluntarily, at my own risk, and that I am physically capable of participating in such walks. All participants are encouraged to talk to your health care provider prior to participation. If at any time I feel I am unable I will not join a walk sponsored or approved by the 150 Walking Challenge. Each 150 Walking Challenge participant will be given a 150 Walking Card to track their miles walked (or rolled) between January 1, 2017 and November 11, 2017, and if the 150 Walking Card is lost previous miles walked will not be accounted for. Card will need to be turned in to the 150 Walking Challenge Committee no later than November 10, 2017 to verify miles walked. I understand I am participating in the 150 Walking Challenge as an individual and not an entity of Dayton VA Medical Center.

Signature: _____

Date: _____

Date submitted: _____

Received by: _____