

Pitt County Walking Program Registration and Waiver

Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____

Please check the appropriate age group: Male _____ Female _____
_____ Under 12 _____ 13-17 _____ 18-54 _____ 55 and above

Race/Ethnicity (optional) Native America Caucasian Asian Hispanic
African American Other

Household Income (optional) Under \$20,000 \$60,000-79,999
\$20,000-39,999 \$80,000 or more
\$40,000-59,999

**The personal information that you provide on this registration is confidential and will be used as aggregate data for the purpose of evaluation and securing future grants.

CONSULT YOUR PHYSICIAN BEFORE BEGINNING ANY EXERCISE PROGRAM

WAIVER OF RESPONSIBILITY STATEMENT

I, _____ for, and consideration of, the opportunity to participate in the Pitt County Walking Challenge do waive and release Pitt County, its agents, employees, officers and elected officials from any liability for any and all claims and causes of action I might hereafter have for injury, loss or damage, or death arising out of or as a consequence or incident to my participation in the physical activity program. I certify that I am in good physical condition to safely participate in this program. I request that I be allowed to participate in the program and accept full personal responsibility for any and all injuries, damages and/or consequences associated with my participation.

Signature of Participant Date Signature of Parent/Guardian (if under 18)

Signature of Witness Date Date

Return this in person or mail to: *Pitt County Community Schools and Recreation
4561 County Home Road
Greenville, NC 27858*