

WALK TO WELLNESS!

2/19/05 9:00 AM Kickoff Finley Gym



Did that New Year's Resolution to get fit fizzle away like champagne bubbles?

Have you told yourself that walking is something you want to try?

Would you like to complete a 1 mile Fitness Walk or 5 K Walk / Run?

JOIN US!

- FIRST 100 PRE-REGISTRANTS ATTENDING KICKOFF AT FINELY GYM GET A FREE Pedometer!
- FIND A WALKING BUDDY!
- GET WEEKLY FITNESS AND NUTRITION TIPS!
- FIND OUT HOW YOU COULD HAVE FREE ENTRY INTO THE LOCAL APRIL 16, 2005 5K RUN OR 1 MILE FITNESS WALK!

WALK TO WELLNESS Pre-Registration

COMMIT TO A FITTER YOU THROUGH MOVING 8 WEEKS/ 3X WEEK / 20 MINUTES.

Commit to your wellbeing today! Fill out the pre-registration form below and drop it off at Socorro Mental Health or mail it by 2/16/05 to: Camille Scielzi Walk to Wellness P.O. Box 696 Socorro, NM 87801 835-2444

WALK TO WELLNESS PARTICIPANT INFORMATION (ONE PER FORM)

Name (Please print clearly)		E-Mail	
Street Address	City	ZIP	Phone
Emergency Contact Name and Phone			Sex Age
Are you currently overweight? Y / N	Current Fitness Level (Circle one)		T-Shirt Size (Circle one)
Are you diabetic? Y / N	BEGINNER INTERMEDIATE ADVANCED		S M L XL 2X

2005 SCOPE & SOCORRO MENTAL HEALTH ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this program is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am able to participate and have not been advised otherwise by a qualified medical person, I acknowledge that this SCOPE / Socorro Mental Health (SMH) Accident Waiver and Release of Liability form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follow: A) Waiver, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event. B) Indemnify and hold harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a results of any actions during this event.

Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.

SIGNATURE OF ENTRANT _____ Date _____