

# ALABAMA EMPLOYEE HEALTH & FITNESS DAY WALK 2016 REGISTRATION & WAIVER FORM

## INDIVIDUAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Employer/State Agency \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Walk Information

**When:** Friday, May 13, 2016 at Noon (Visit with Vendor tables from 11:30 am – 1:00 pm)

**Where:** State Capitol Building for a one-mile walk

**Why:** To promote the benefits of physical activity for individuals and worksites during the work day.

**Walk Sponsors:** Alabama Department of Public Health, Governor's Commission on Physical Fitness and Sports, Alabama Sports Festival and State Employees' Insurance Board

## WAIVER FORM – PLEASE READ CAREFULLY AND SIGN

I know that participating in a one mile walk is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I assume all risks from participating in this event and its related activities including, but not limited to: falls; contact with other participants; effects of the weather, including high heat, humidity, precipitation, traffic and the conditions of the path; all such risks being known and appreciated by me. Having read this waiver and release and knowing these facts and in consideration of your accepting my registration, I, for myself and anyone entitled to act on my behalf, waive and release Alabama Department of Public Health, Governor's Commission on Physical Fitness, Alabama Sports Festival and State Employees Insurance Board from all claims, liabilities or causes of action of any kind arising out of my participation in this event or its related activities which I or my successors, assigns or heirs may ever have now or in the future against any of them. This release and waiver extends to all claims of every kind and nature whatsoever. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any lawful purpose.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please return this form to:**

Laurie Eldridge-Auffant  
ADPH Nutrition & Physical Activity Division  
201 Monroe Street, Suite 1010  
Montgomery, AL 36104

### **Or:**

Drop off form at the walk registration table before noon on May 13, 2016.

Or by email to:

[Laurie.Eldridge-Auffant@adph.state.al.us](mailto:Laurie.Eldridge-Auffant@adph.state.al.us)

**NOTE:** All event participants will need to **pick up a race bib** (number) at the registration table between 11 am and noon on May 13, 2016.