



Meals on Wheels 2016 Walking Challenge Registration Form

Date _____

Name _____

Address _____

City, State, Zip _____

Email _____

Preferred phone number _____

Please check one:

_____ **Individual** _____ **Team** (*corporate volunteers only*)

Team Name (if applicable) _____

I understand that my participation in the Meals on Wheels Walking Challenge is strictly voluntary. I am aware that I should consult a physician before I participate in any exercise program. I will not, nor will anyone acting on my behalf, hold Meals on Wheels, or any of its agencies, officers, agents or employees, responsible for any injuries that might occur from my participation in this wellness activity.

I acknowledge that I have read this Liability Acknowledgement Form and that I am freely, and voluntarily, signing it.

Signature of Participant _____

Please note: All challenges must be completed by May 16, 2016



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