

# WALKING PROGRAM 2017

## ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. Submit completed registration form to:  
Loyalsock Township, 1607 Four Mile Drive, Williamsport, PA 17701.  
Registration will not be processed without **ALL** requested information and signature

Cost: Free  
Ages: 18 and Up  
Dates and Times: Tuesdays and Thursdays, 8:00am -9:00am  
Location: Loyalsock Township Community Recreation Center, 1607 Four Mile Drive, Williamsport, PA

### **PLEASE PRINT**

PARTICIPANT'S  
NAME: \_\_\_\_\_ AGE ON 1<sup>ST</sup> DAY OF PROGRAM \_\_\_\_\_  
(last) (first)

DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **MEDICAL INFORMATION**

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition (no medication will be given by staff members during the program):

Condition: \_\_\_\_\_ Rx: \_\_\_\_\_ Restriction: \_\_\_\_\_

Condition: \_\_\_\_\_ Rx: \_\_\_\_\_ Restriction: \_\_\_\_\_

Allergies to food or medication: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

### **RELEASE AND ACKNOWLEDGMENT**

In consideration of being permitted to participate in activities sponsored by the Township of Loyalsock and/or its

Recreation Board, I \_\_\_\_\_ am aware of, acknowledge and agree to the following:  
Participant's Name

1. That such activities can result in injury to the participant and the participant's property;
2. That the participant is medically able, equipped and properly trained to participate in such activities;
3. That the participant shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to their ability to participate safely in such activities;
4. That the participant shall abide by all rules and regulations for the activities in which they are participating;
5. That the participant and I are assuming all responsibility and risks associated with such activities, including but not limited to:
  - a. Falls;
  - b. Contact with other participants;
  - c. Weather;
  - d. Natural and man-made conditions; and
  - e. All other risks or hazards encountered while participating, observing and/or traveling to and from such activities;
6. That I consent for the participant to receive immediate, emergency first aid and medical treatment, if necessary;
7. That I have read, understood and voluntarily signed this Release and Acknowledgment and agree to its terms, and that no oral representations, statements or other inducements have been made to me other than those contained in this written document.

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Office Use Only: Date Registered: \_\_\_\_\_ Registration Taken By: \_\_\_\_\_