



WAYNE MEMORIAL
HOSPITAL

An Affiliate of Wayne Memorial Health System, Inc.

Wayne Memorial In-School Walking Program Data Questionnaire

Please answer all questions. Your responses will be confidential.

Date: _____ / _____ / _____

Name: Mr., Mrs. or Ms _____ **Email** _____

Date of Birth _____ / _____ / _____ Phone Number: _____

Address: _____

Town/City: _____ Zip Code: _____

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Are you new to the Wayne Memorial In-School Walking Program?

☐ No – a new sticker will be mailed for your badge!

(**Can email completed form to [tuttle@wmh.org](mailto:tuttle@wmh.org)**)

☐ No, but I need a new badge - **\$5.00 for replacement badge** - send payment with application.

☐ Yes - you are required to have a badge! **\$5.00 fee for a new badge** - send payment with application.

(Badges are reused from year to year; the fee is for badge only!) Checks are made payable to WMH, return to **WMH, Attention: Walking Program, 601 Park Street, Honesdale PA 18431**

### **Goals**

Which of the following general goals best captures you own fitness goals?

{ } General Toning { } Cardiovascular Conditioning { } Weight Reduction { } Daily Exercise

Which school(s) will you be using? Please check all that apply:

\_\_\_ Damascus Elementary School

\_\_\_ EverGreen Elementary School

\_\_\_ Forest City Regional School

\_\_\_ Lakeside Elementary School

\_\_\_ Preston Elementary School

\_\_\_ R.D. Wilson Elementary School

\_\_\_ Wallenpaupack - Newfoundland

\_\_\_ Wallenpaupack High School

\_\_\_ Western Wayne Middle/High School

**Please complete both sides of the page.**

Revised 2025



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## WAIVER OF LIABILITY

I, \_\_\_\_\_, (print name) have voluntarily enrolled in the Wayne Memorial In-School Walking Program. By signing this form, you agree to follow all rules and policies of all participating school districts, including MASK wearing, if required, while in any of the school buildings. You will be notified if any rules or policies related to the Wayne Memorial In-School Walking Program change.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in the Wayne Memorial In-School Walking Program or that I have obtained the approval of my physician to participate in the Wayne Memorial In-School Walking Program.

In consideration of my participation in the Wayne Memorial In-School Walking Program, I, \_\_\_\_\_, (print name) for myself, my heirs and assigns, hereby release Wayne Memorial Hospital, its employees and owners AND Forest City Regional School District, Wallenpaupack Area School District, Wayne Highlands School District and Western Wayne School District from any claims, demands and cause of action arising from my participation in the Wayne Memorial In-School Walking Program.

I fully understand that I may injure myself as a result of my participation in the Wayne Memorial In-School Walking Program and I, \_\_\_\_\_, (print name) hereby release Wayne Memorial Hospital AND Forest City Regional School District, Wallenpaupack Area School District, Wayne Highlands School District and Western Wayne School District from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused by occurring during or after any of my participation in the Wayne Memorial Hospital In-School Walking Program.

I hereby affirm that I have fully read and understand the above and by my signature I acknowledge my awareness of the risks associated with the Wayne Memorial Hospital In-School Walking Program and my choice to participate therein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Signature of Parent (if under 18 years of age)

\*Signature of parent or guardian required if applicant is under 18 years of age.

**Please make sure you complete both sides of the page.**

Revised 2025