

Wayne Memorial In-School Walking Program Data Questionnaire

Please answer all questions. Your responses will be confidential.

Date: _____ / _____ / _____

Name: Mr., Mrs. or Ms _____

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

Address: _____

Town/City: _____ Zip Code: _____

Are you new to the Wayne Memorial In-School Walking Program? Yes No

If you answered **YES**, you are required to have a badge! The **fee for a new or replacement badge is \$5.00** - please send your payment with this application. (Badges are reused from year to year, the fee is for badge only!)

Goals

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

- | | |
|---|--|
| <input type="checkbox"/> General Toning | <input type="checkbox"/> Cardiovascular Conditioning |
| <input type="checkbox"/> Weight Reduction | <input type="checkbox"/> Daily Exercise |

Wayne Memorial Hospital will offer a variety of workshops throughout the In-School Walking Program. Are there any specific topics that are of particular interest to you?

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

- | | |
|---|--|
| <input type="checkbox"/> Damascus Elementary School | <input type="checkbox"/> EverGreen Elementary School |
| <input type="checkbox"/> Forest City Regional School | <input type="checkbox"/> Lakeside Elementary School |
| <input type="checkbox"/> Preston Elementary School | <input type="checkbox"/> R.D. Wilson Elementary School |
| <input type="checkbox"/> Wallenpaupack - Newfoundland | <input type="checkbox"/> Wallenpaupack High School |
| <input type="checkbox"/> Western Wayne Middle/High School | |



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Revised 2017

WAIVER OF LIABILITY

I, _____, (print name) have voluntarily enrolled in the Wayne Memorial In-School Walking Program. As a component of the Wayne Memorial In-School Walking Program, Wayne Memorial offers a variety of workshops relating to physical health. Hereafter, the Wayne Memorial In-School Walking Program and the various workshops shall be referred to as the Wayne Memorial In-School Walking Program.

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.

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