



Crawford County on the Move Consent Form

I (We) _____
(Please print name(s) of participants in your household)

Of _____
Street City Zip Code Phone Number

will participate in the *Crawford County on the Move* Walking/Running nine week program beginning the week of June 2, 2013.

I have voluntarily enrolled in this physical activity program. I understand I will be involved in walking or running with this program. I understand that participation in this program may be associated with some risks. These risks may include but are not limited to muscle soreness, fainting, disorders of heart beat, or abnormal blood pressure. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. I release everyone who has designed, promoted, provided space for or conducted this walking/running program from all claims or liabilities whatsoever resulting from my participation in the program. I assume all risks and responsibilities for any injury, damage or any other adverse event that may result from my participation in the program. I understand and accept that this is a voluntary program designed to improve my physical well-being.

To the best of my knowledge, I understand that each person may react differently to fitness activities and these reactions cannot be predicted with complete accuracy. I will inform my Community Leader and/or health care provider if I experience any unusual symptoms.

In case of an emergency, please contact _____ at _____
Name Phone Number

Special needs to be aware of:

Signature(s)

Date