

# **10,000 STEPS TOWARD WELLNESS**

## **Registration and Disclaimer Form**

**Complete, sign and return this form to the  
Employee Wellness Office, Pulaski 219, by September 22<sup>nd</sup>.**

**Early bird incentive – those completing and sending in their registration  
by September 16<sup>th</sup> will be entered into a random drawing for a  
pedometer. 50 pedometers awarded.**

**10,000 Steps Toward Wellness  
September 26<sup>th</sup> – November 20<sup>th</sup>**

PLEASE PRINT:

EMPLOYEE NAME: \_\_\_\_\_

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

SCHOOL/OFFICE: \_\_\_\_\_

I am aware that this is a pedometer based program, and will obtain a pedometer to track my steps.  
(Initial) \_\_\_\_\_

### **DISCLAIMER**

I am aware that there are or may be potential risks in connection with my participation in this program, including, but not limited to, the possibility of injury by my own actions or the actions of others, and I assume all risk of damage or injury that may occur. I have been informed of the rules and regulations governing participation, and I agree to abide by them. I represent that I am in good physical health with no conditions that would contraindicate my participation in this program. I further represent that at the time of signing this release I am of lawful age and legally competent to execute it, and that before signing it, I have fully informed myself of its contents and execute it with full knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***\*\*You are not registered to participate in the program  
until this form is completed, signed and returned.\*\****