

Walk 100 Miles in 100 Days®

March 21 - June 28, 2011

Community Member Registration Form

The Wellness Program at the WVU Health Sciences Campus invites YOU to participate in the 17th Annual Walk 100 Miles in 100 Days®! Each person will strive to walk one mile per day or 100 Miles in 100 Days® (equivalent forms of other aerobic exercises also count, 20 minutes = one mile).

To register: 1) Complete the information requested below; 2) Sign the waiver; 3) Mail to the address below; 4) Mail in your completed tracking form at end of program.

WVU Hospitals
The Wellness Program
PO Box 9146, Room 8722
Morgantown, WV 26506-9146

To purchase a 2011 commemorative t-shirt, please enclose \$6/shirt and indicate in () quantity. (Please make checks payable to: WVU Hospitals). Shirts will be mailed in early -mid July after the end of the program.

Name: _____

Address: _____

Phone: _____ Date: _____

Please provide your e-mail address below. This will be used to provide you with updates and information throughout the program

Email: _____

T-shirt size & quantity: Small () Medium () Large ()
 X-Large () 2X () 3X ()

Questions: 304-293-2520 Fax: 304-293-3725 E-mail: ellnessprogram@hsc.wvu.edu
Website: www.hsc.wvu.edu/wellness



The Wellness Program

Walk 100 Miles in 100 Days®

Community Member Waiver Form

I recognize that the Walk 100 Miles in 100 Days® Program is an entirely voluntary program offered through The Wellness Program on the Health Sciences Campus of West Virginia University.

I understand that it is a voluntary program, which may involve strenuous physical activity. I further recognize that any injuries that I may sustain are not the responsibility of The Wellness Program, West Virginia University Hospitals, WVU at the Health Sciences Center, or University Health Associates and that The Wellness Program is not part of any of my job responsibilities so that any injury I may experience is not a job-related injury. I assume the risks for any injury that may occur to me while participating in this program.

Community Member Signature

Print Name

Date

PLEASE RETURN WAIVER & REGISTRATION FORM TO:

WVU Hospitals
The Wellness Program
PO Box 9146, Room 8722
Morgantown, WV 26506-9146

Don't forget..... include payment, shirt size, quantity, and address.



WALK 100 MILES IN 100 DAYS®

INDIVIDUAL MILEAGE TRACKING FORM

March 21 – June 28, 2011

Name: _____ Address: _____

Email: _____ Phone: _____

Tracking guidelines:

- No more than 12 miles per week may be recorded
- If you are recording other forms of cardiovascular exercise (weight lifting/strength training do not count)
- 20 minutes of aerobic exercise = 1.0 mile
- NOTE: *Week 15 consists of two days – June 27th & June 28th

	3/21	3/28	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20	*6/27	Total
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
Total																

Please send this **completed** form to the address below or fax to 304-293-3725 after the end of the program in June. Your t-shirt(s) will be mailed to you in July at the address you provided on the registration form

WVU Healthcare
 The Wellness Program
 PO Box 9146, Room 8722
 Morgantown, WV 26506-9146