



ACTIVE AUSTIN Registration Form

All information is kept strictly confidential.

Please complete this Registration Form and give to your Group Leader if in group or submit to Walk Texas Active Austin Coordinator if participating as an individual [ATCHHSD - Walk Texas, PO Box 1088, Austin, Texas 78767-1088].

Name: (Please Print) \_\_\_\_\_

Address: (optional) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: (optional) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender (Circle one): Male Female Date of birth: \_\_/\_\_/\_\_ Regular physician or clinic? Yes or No

Race (Please Circle one or more):

- White/Non-Hispanic Black/Non-Hispanic
Hispanic Asian
Native American Other

Highest school grade completed:

Circle one: 1-3 4-6 7-9 10-12 some college college graduate

My Goal for the 10-Week Challenge (Check one medal):

- Bronze Medal [120 - 199 points]: If you walk briskly for 30 minutes, three times per week.
Silver Medal [200 - 319 points]: If you walk briskly for 30 minutes, five times per week.
Gold Medal [320 - 560 points]: If you walk briskly for 60 minutes, four times per week.

- Have you ever participated in Walk Texas 10-Week Challenge before?
On average, how many days per week do you engage in at least 30 minutes of exercise that increases your heart rate and makes you sweat?
How many hours were you physically active at work yesterday?
How many minutes were you physically active outside of work yesterday?
How difficult was your activity yesterday?
How many hours did you spend sitting, resting, using the computer or watching TV yesterday?
How many fruits and vegetables do you eat on a typical day?
How many fried foods or fat servings do you eat on a typical day?
How many sugary foods (candy or sweets) do you eat on a typical day?
How many sugar drinks (soda, Gatorade, sweet tea) do you have on a typical day?
How many days did you measure your food portions this week?



## RELEASE OF LIABILITY

Walk Texas – ACTIVE AUSTIN

Coordinated through the Austin/Travis County Health & Human Services Department  
Chronic Disease Prevention & Control Program

I, (Please PRINT name clearly) \_\_\_\_\_, voluntarily choose to participate in the “Walk Texas – ACTIVE AUSTIN” program sponsored by the Austin/Travis County Health & Human Services Department - Chronic Disease Prevention Program. I have been informed and understand that the Walk Texas program is designed to place a gradually increasing workload on my muscles and cardiopulmonary (heart and blood vessels) system in an attempt to improve its functioning. The exercises may exceed my physical ability and I am cautioned not to overwork my body and to do only the movements that I am physically capable of executing. I have been advised that I must be in good health to participate in this program and that before starting any exercise program, I should consult with a physician. **I have also been advised that if I currently suffer from any chronic diseases, such as diabetes, heart disease, or asthma, I need to consult my physician before starting the 10-Week Challenge. If, at any time during my participation in the Walk Texas-ACTIVE AUSTIN program, I experience any form of chest pain, pain in the extremities, discomfort, dizziness, fainting, or other similar symptoms, I will discontinue participation in the program and consult a physician.**

*I am fully aware, understand and accept the risks involved, which I have had explained to me, in participating in the Walk Texas program. Upon registration in this program, I do hereby RELEASE for myself, my heirs, my executors and administrators, and WAIVE any and all rights to claims for damages arising from any illness, injury or occurrence or aggravation thereof as a result of participation or connection with said Austin/Travis County Health & Human Services Department - Chronic Disease Prevention Program, instructors, representatives, Walking Group Leaders, or facilities. Release also applies to ordinary negligence of either part, including negligence related to the condition or maintenance of the property over which the program will occur and any other negligence expressed or implied in law, statute, regulation or public policy.*

I have read and understand the foregoing statements. Any questions that have arisen or occurred to me have been answered to my satisfaction. None of the answers provided to me orally have been in any manner inconsistent with the information provided in this statement.

PLEASE SIGN YOUR NAME BELOW:

DATE:

---

[If younger than 18 years of age, must have Parent or Guardian's signature:](#)

PARENT OR GUARDIAN'S SIGNATURE:

DATE: