

WALK WITH EASE Participant Registration Form



Oregon State University
Extension Service

GENERAL INFORMATION

First Name:		Last Name:	
Street Address:			City:
State:	Zip:	Phone #:	
Did your doctor or other health care provider suggest that you attend this program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How old are you today? _____ years old	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer Not to Respond	What is your race? <i>Mark all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

HEALTH INFORMATION

Are you deaf or do you have serious difficulty hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you blind or do you have serious difficulty seeing, even when wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest grade or year of school you completed? <input type="checkbox"/> Some elementary, middle, or high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or technical school <input type="checkbox"/> College 4 years or more		Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Where did you hear about the program? *Mark all that apply.*

- I was referred by my doctor or other medical provider
- I heard about it from friends or family
- This is a benefit offered through my health insurance (if yes, please name health insurance plan: _____)
- I responded to an advertisement or invitation from a local organization (if yes, please name the organization: _____)
- I heard about it through social media (e.g., Facebook, Twitter, Instagram)
- Other (please describe): _____

Which of the following best describes your health insurance coverage?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medicare (Original) <input type="checkbox"/> Medicare Advantage Plan (HMO, PPO, Medical Savings account) <input type="checkbox"/> Medicare Advantage Plan (Special Needs Plans, Including Dual-Eligible SNP) <input type="checkbox"/> Medicaid (Oregon Health Plan) <input type="checkbox"/> Employer or Union-Based Health Insurance | <ul style="list-style-type: none"> <input type="checkbox"/> Veteran's Health Care Benefits/ Coverage <input type="checkbox"/> Veteran's Health System <input type="checkbox"/> TRICARE/ TRICARE for Life <input type="checkbox"/> Indian Health Services <input type="checkbox"/> No insurance <input type="checkbox"/> Other insurance (please describe):
_____ |
|--|--|

In what county do you currently live?

In what ZIP code do you currently live?

How many days during the typical week do you go for a walk? (1-7 days)

_____ days

On average, how many minutes do you walk on **each** of those days?

_____ minutes

Have you participated in the Walk With Ease program in the past?

Yes No I don't know

Thank you for your time in completing this form!

Oregon State University Extension Service prohibits discrimination in all its programs, services, activities and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran's status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. **Sign and return this form to Walk With Ease Program, OSU Extension; 250 Hallie Ford Center, Corvallis, OR 97331. Email: walk@oregonstate.edu; Fax: 541-737-0999.** If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) describe above may include activities that may cause injury and dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur: **muscle soreness and/or cramping, exertion**

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**. I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon University System and Oregon State University, its employees, directors, officers, and agents (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, and costs associated with my participation in this **ACTIVITY**. Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Student Code of Conduct, when applicable*) and with any state and city laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**. I recognize and acknowledge that **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release **UNIVERSITY** to use material from blogs associated with **ACTIVITY** without restrictions or limitations for any educational or promotional purpose. I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. **To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.**

I recognize and acknowledge that the **UNIVERSITY** makes no guarantees, warranties, representations, or other promises relative to the **ACTIVITY**, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the **ACTIVITY**. I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be **as broad and inclusive as permitted by law**. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that, with or without accommodation*, I have no health-related reasons or problems that preclude or restrict my participation in the **ACTIVITY**. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the **ACTIVITY**.

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name: _____ Phone: _____

*If you have a disability requiring an accommodation please contact Family and Community Health, 541-737-1014 at least one week (7 days) before the date of the **ACTIVITY**.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE _____ SIGNATURE _____

Participants who are not 18 years of age or older must sign above and also must obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE _____ SIGNATURE _____