

# Walk With Ease Registration & Release

## GENERAL INFORMATION

Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

What is your age? \_\_\_\_\_ years Gender:  Female  Male  Something else/other

Are you of Latino, Hispanic, or Spanish origin?  Yes  No  Unknown

What is your race? [Mark all that apply]

- American Indian or Alaska Native  Asian or Asian-American  
 Black or African-American  Hawaiian Native or Other Pacific Islander  
 White or Caucasian  Something else/other: \_\_\_\_\_

*Oregon State University is committed to diversity and to ensuring equal opportunity for those wishing to benefit from our programs and services. We invite you to voluntarily disclose your gender, race, and ethnicity to help us monitor the effectiveness of our civil rights and affirmative action efforts. Neither the information provided, nor the decision not to provide it, will be used to determine eligibility for Extension programs and services or the benefits available through participation.*

## CLASS INFORMATION

Class type:  Self-Directed  Group - location: \_\_\_\_\_

What language would you like to receive program materials?  English  Spanish

Have you participated in Walk With Ease before?  Yes  No

## HEALTH INFORMATION

Consult your medical provider before beginning Walk With Ease. If you have a condition that may require accommodation, limit your participation or cause concern at any time, please discuss this with your Walk With Ease leader as you deem appropriate.

In general, would you say that your health is: (Please check only one)

- Excellent  Very good  Good  Fair  Poor

Did your doctor or other health care provider suggest this program?  Yes  No

Please list health conditions you'd like to voluntarily disclose at this time:

## ADDITIONAL CDC-REQUIRED QUESTIONS

How confident are you in managing your arthritis symptoms? (Circle one number)

Not at all confident

Very confident

0 1 2 3 4 5 6 7 8 9 10

How many days during a typical week do you go for a walk/s?

0  1  2  3  4  5  6  7

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

What is the highest grade or year of school you completed?

- Elementary, middle, or high school  Some college or technical school  
 High school graduate or GED  College 4 years or more

During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?  Yes  No

Are you deaf or do you have serious difficulty hearing?  Yes  No

Are you blind or do you have serious difficulty seeing even with glasses?  Yes  No

Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing, or doing errands alone such as visiting a doctor's office or shopping?  Yes  No

Do you live alone?  Yes  No

Thank you for your time  
completing this form!

# 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](mailto: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 \_\_\_\_\_