

**WALK WITH EASE
Participant Registration Form**



**Oregon State University
Extension Service**

REQUIRED PARTICIPANT INFORMATION

Please take a moment to complete this form—your response directly supports the continued funding of the WWE program.

First Name:		Last Name:	
Email Address:			Phone #:
Zip code:	How old are you today? _____ years old	Text Reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which of the following best describes you? <i>Select one.</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Prefer not to answer	What is your race? <i>Select 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 <input type="checkbox"/> Other (please specify): _____	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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)		In general, would you say your health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
What type of health insurance coverage do you have, if any? (i.e. No insurance = None) (Please list): _____		Did your health care provider suggest that you attend this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you participated in Walk With Ease in the past? Yes No I don't know

Flip page over and complete other side

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.)

ADDITIONAL INFORMATION- Your responses directly supports the continued funding of the WWE program.

How many days during the typical week do you go for a walk? (0-7 days) <p style="text-align: center;">_____ days</p>	On average, how many minutes do you walk on each of those days? <p style="text-align: center;">_____ minutes</p>
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How often do you feel that you lack companionship or are lonely? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never	How often do you feel left out? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never	How often do you feel isolated from others? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a person with a disability?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 have serious difficulty walking or climbing stairs?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Because of a physical, mental, or emotional condition, do you have difficulty doing daily tasks or errands alone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to stand without increasing pain for at least 10 min?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a chronic condition that may impact your participation in a walking program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I would like to request accommodations for this workshop (N/A for self-directed programming).
<input type="checkbox"/> N/A		

How sure are you that you can manage your condition(s) so you can do the things you need and want to do? *Circle an option.*

1	2	3	4	5	6	7	8	9	10
(Totally Unsure)								(Totally Sure)	

How confident are you that you can engage in physical activity (e.g., walking) regularly even when you face challenges (like weather, time, pain, or fatigue)? *Circle an option.*

1	2	3	4	5	6	7	8	9	10
(Not confident at all)								(Very Confident)	

How confident are you in your ability to walk for at least 30 minutes a day, 3 to 5 days a week? *Circle an option.*

1	2	3	4	5	6	7	8	9	10
(Not confident at all)								(Very Confident)	

Thank you for your time in 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 125 Ballard Hall, Corvallis, 97331. Email: walk@oregonstate.edu.** 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 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 accommodation please contact your WWE instructor before the start of this 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.
SIGNATURE: _____ DATE: _____

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.

SIGNATURE: _____ **DATE:** _____

Thank you for your time in completing this form!