

4th Annual Get Fit with a Doc – 2018 Registration/Waiver

Event Dates: Walks will be held the first and third Thursday at 5:30 p.m., beginning with our kick-off launch on April 5, 2018. This Registration/Waiver covers all events held in 2018.

Location: James Memorial Park, 1027 Ridge Road, West Rockhill Township

Entry Fee: FREE – all interested in maintaining a healthy lifestyle while walking a scenic trail are welcomed. All ages and ability levels are welcomed.

Highlights: Each “walk event” will begin with a brief medical educational presentation from a GVH affiliated physician. James Memorial Park is a local community park, with plenty of parking, restroom facilities, pavilion, play areas, and benches. The park will not be closed for *Get Fit with a Doc*. The .55 mile path is flat easy walk, even for those who need assistance.

Questions: 215-453-4405 or GetFitwithaDoc@gvh.org

Participant Name: _____

Email: _____

Would you like to receive email reminders/ newsletters? Y____ N____

Sex: M____ F____ Phone: _____

Waiver: I know that walking and /or running is a potentially hazardous activity. I will not participate in any *Get Fit with a Doc* events unless I am medically able. I agree to abide by any decisions of the event coordinator(s) relative to my ability to safely complete this walk and participate in this ongoing program. By signing this form, I assume all risks associated with participating in any and all *Get Fit with a Doc* event(s), including but not limited to, possible contact with other participants, falls, effects of weather, including high heat/humidity, conditions of the course, roads and trails, and such risks being known and appreciated by me. In consideration of participation in *Get Fit with a Doc*, I, hereby for myself (or my child), my heirs, executors, administrators, or anyone else who might claim on my behalf, waive and release and covenant not to sue *Grand View Health, Grand View Hospital, Get Fit with a Doc* members, their representatives, agents, employees, volunteers, and any sponsors and anyone associated in anyway with this event from any and all claims or liabilities of any kind arising out of my participation or my child’s participation in *Get Fit with a Doc* events. This waiver extends to all claims of every kind or nature whatsoever foreseen or unforeseen. I ACKNOWLEDGE I HAVE READ THIS FORM IN ITS ENTIRETY AND UNDERSTAND THIS WAIVER (if under 18, legal guardian or parent must sign).

Signature _____ Date: _____

You may mail this registration form to: Elaine Feiss, MS c/o GVH – Cardiac Rehab and Fitness 700 Lawn Avenue Sellersville, PA 18960

GVH.org