

## Get Fit with a Doc – 2019 Registration/Waiver

**Event Dates:** Walks will be held the second and fourth Thursday at 5:30 p.m., beginning with our kick-off on April 11, 2019. This Registration/Waiver covers all events held in 2019.

**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.

**Highlights:** Each “walk event” will begin with a brief medical educational presentation. 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 the *Get Fit with a Doc* events. The .55 mile pathway is flat and easy to walk, even for those who need assistance.

**Questions:** 215-453-4405 or [GetFitwithaDoc@gvh.org](mailto: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**