Technique Critique

WONDERS OF WALKING REGISTRATION FORM

Please Print!

Last Name:			**First Name:**
Address:			**E-Mail Address:**
City:	**State:**	**Zip:**	**Phone:**

Gender (Circle): M F	**Birth Date: (MMDDYY) ___/___/___**

How did you hear about this program:

We accept VISA and MasterCard
Please enclose check or money order for *$_____*
Single Drop In $12.00
Three sessions $30.00
WOW Walk Club members Free once a year
Club member #_____
Total *$ _____*

(payable to Wonders of Walking LLC) and mail to:

Wonders of Walking
610 SW Broadway, Suite 602
Portland, OR 97205

Waiver and Release: I know that participating in a Training program includes an element of risk and could be a potentially dangerous and hazardous activity. I should not participate in the Wonders of Training program (hereafter called "Program") unless I am medically able. I assert that I am physically able to participate in this Program. I agree to abide by any and all decisions by a Program official concerning my being able to participate in or compete in Program walks and activities. I agree that Program officials or member may authorize necessary emergency treatment for me, and that I will assume and pay for my own medical and emergency expenses in the case of an accident, illness or other incapacity. I further assume any and all risks associated with participating in this Program, including, without limitation, falls, contact with other members, the effects of weather, including high heat and/or humidity, road conditions and traffic on the course, all such risks being acknowledged and appreciated by me. I agree to abide by the Program rules and to follow any and all instructions given by a Program official.
Having read this waiver and knowing the facts, and in consideration of the acceptance of my joining, I hereby for myself, my heirs, successors and assigns, covenant not to sue, and wave, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the following: Wonders of Walking®, LLC, ERO-FIT & Associates, LLC, any and all federal, state, city, county or regional governing bodies, departments and/or agencies, Program officials and volunteers, sponsors, supplies and any other personnel in any way assisting or connected with this Program, as well as their respective directors, officers, employees, agents and successors, from any and all claims or liabilities arising out of my participating in this Program, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.
I grant permission to all the foregoing to use photographs, motion pictures, video, recordings or any other record of this Program for any legitimate purpose.

Signature:	**Date:**
Signature (Parent or Guardian if under 18):	**Date:**