



**Discover the Wonders of Walking...
Walkers in Action
Join the WOW WALK Club**

Here's what you receive for your \$80 annual membership fee!

- LifeBalance Membership
- Wonders of Walking Club T-Shirt or Hat
- Weekly Tips via E-Mail
- Weekly Walk
- Discounted Technique Critique yearly
- WOW pin
- Monthly WalkQuest e-Newsletter

Want to join? Complete and mail the form below. For more information, call (503) 282-1677 or e-mail us at 'info@wondersofwalking.com'. We're on the Web at 'www.wondersofwalking.com'

WOW WALK CLUB MEMBERSHIP FORM		For WOW office ID# _____	
Please Print!			
<input type="checkbox"/> VISITOR			
Last Name:		First Name:	
Address:		E-Mail Address:	
City:	State:	Zip:	Phone:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: ____/____/____	
		Size: M or W S M L XL XXL XXXL	
Preferences: <input type="checkbox"/> Social <input type="checkbox"/> Health <input type="checkbox"/> Fitness <input type="checkbox"/> Competitive			
What other activities are of interest to you? _____			
WANT TO HELP?		CHOOSE ONE:	
___ Organize Activities		<input type="checkbox"/> Annual Membership Fee \$80.00	
___ Walk Group Leader		<input type="checkbox"/> Grand Master 70+ - \$65.00	
___ Sponsor (provide incentives, etc.)			
___ Other _____			
Please enclose check or money order payable to:		TOTAL Enclosed _____	
Wonders of Walking LLC			
mail to: 3439 NE Sandy Blvd. pmb 136, Portland, OR 97232			

Waiver and release: I know that participating in walking includes an element of risk and could be a potentially dangerous and hazardous activity. I should not participate in Wonders of Walking club activities (hereafter called the "club") unless I am medically and physically able. I assert that I am medically and physically able to participate in the club. I further assert that I am responsible for my own personal safety, and that I shall not endanger myself or others by my participation in the club activities. I understand that any individuals who may lead activities are not physical or athletic trainers and are therefore not qualified to give fitness, training and/or technique advice nor are they qualified to identify or treat injuries. I agree to abide by any and all decisions by a club representative concerning my being able to participate in or compete in club walks and activities. I agree that club officials 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 club, including, without limitation, falls, contact with other participants, 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 club rules and to follow any and all instructions given by a club representative. I further understand that club representatives, as volunteers, have no authority to make promises on behalf of or bind Wonders of Walking in any way. 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, USA Track & Field, any and all federal, state, city, county or regional governing bodies, departments and/or agencies, club officials and volunteers, sponsors, supplies and any other personnel in any way assisting or connected with club, as well as their respective directors, officers, employees, agents and successors, from any and all claims or liabilities arising out of my participating in club, 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 club activities for any legitimate purpose.

Signature:	Date:
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