

# WASATCH WALKERS

## Membership Information Form

**Mission: To be a source for those who love to walk;  
for fitness, fun, friendship, and the thrill of racing.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address Street \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ DOB \_\_\_\_\_  
Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I hereby authorize Wasatch Walkers to include the above information in the official roster which is made available to members only. **Please initial** \_\_\_\_\_

List any pertinent health conditions that might impact your participation or of which trainers should be aware: *(Asthma, heart conditions, etc.)* \_\_\_\_\_

Emergency contact (Name) \_\_\_\_\_ Contact phone \_\_\_\_\_

1) How did you find out about Wasatch Walkers? \_\_\_\_\_

2) If you were referred, by whom? \_\_\_\_\_

3) Are you new to walking as a sport? \_\_\_\_\_ If not, have you participated in any races or walking events? \_\_\_\_\_ Which one(s) and when? \_\_\_\_\_

4) What are your primary goals in joining Wasatch Walkers? *(Number them 1, 2, 3 etc.)*  
Fitness \_\_\_\_\_ Camaraderie/train with others \_\_\_\_\_ Improve technique \_\_\_\_\_ Increase speed \_\_\_\_\_  
Train to compete \_\_\_\_\_ Other \_\_\_\_\_

5) In what area(s) are you able to train? *(Circle all that apply)* SLC- Central/Downtown SL C, West Valley, South Valley; Davis County, Ogden, Utah County, Park City. What days and times are you able to train? *(ex. M, W, Sa, Su- early a.m., T, Th. pm)* \_\_\_\_\_

### WASATCH WALKERS Rules Of Conduct

1. Respect & support others while walking
2. Respect the property of others
3. Walk safely
4. Wear appropriate attire, i.e. , W W shirts
5. Be responsible for own water, sports drink, gels, bars, etc.
6. Notify leader if unable to attend workout

In applying to join the Wasatch Walkers, (hereinafter, "WW"), I acknowledge that activities in which I will participate involve risks that can be unavoidable. They include but are not limited to:

1. Pre-existing health conditions of participants
2. Changeable weather conditions: rain, snow, sleet, hail, wind, darkness, which can lead to slippery conditions and poor visibility.
2. A variety of terrain including paved and unpaved trails, paths, roads, on which participants will travel.
3. The presence of others using the same paths, including those driving motor vehicles, and animals, domesticated or wild.
4. Behavior of others in proximity to participants.
5. Other miscellaneous dangers and risks not listed here.

In consideration, therefore, of being admitted to WW and participating in its activities, I, the undersigned, for myself, and on behalf of my assigns, heirs, executors, and successors hereby fully and forever waive any claim of negligence against WW and its members. I am fully aware of the risks and hazards inherent in this participation, and hereby affirm that I am able to safely participate in the activities of WW.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Submit application with check for \$24 (payable to Wasatch Walkers) to:  
Carol Bryson, WW membership, 48 W Broadway #907, Salt Lake City, UT 84101.*

App rec'd	Dues rec'd	Ck #	\$	Roster	Yahoo	Join	Card
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