

**100 Miles in 100 Days**  
**Rutland County 2012 Walking Challenge**  
**Registration Form**

This program will start **January 16, 2012** and go **through April 24, 2012**.

**Rules:**

1. Each participant must be at least 18 years old, **live or work** in Rutland County, and complete a registration form. You can register online at [www.walkrutland.com](http://www.walkrutland.com) or pick up a packet at a local library or the Rutland Parks & Rec. Dept and mail the completed form to: **RMHS/WalkRutland, 78 So. Main St., Rutland, VT 05701**
2. **If you'd like a T-shirt** at the end of the challenge, **mail in a \$5 check made out to WalkRutland (no later than 1/31)** and indicate your T-shirt size: **S, M, L, XL, 2XL, 3XL**
3. All participants will maintain their own walking log.
4. Consult your physician before starting any new exercise program. Your participation is voluntary.
5. Each participant will mail in his or her walking log by **May 1, 2012**.

Participant's Name (please print clearly):

\_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(E-mail is necessary for WalkRutland communication—please include if you have one)

**Do you currently receive WalkRutland e-mails?**     yes     no

**How many times have you participated in the 100 Miles in 100 Days challenge?** 0\_\_ 1\_\_ 2\_\_

**Optional T-shirt (include \$5 check made out to WalkRutland to above address and circle size):**

T-shirt size:    S        M        L        XL        2XL    3 XL

Signature: \_\_\_\_\_

Participant Agreement and Release of Liability

I understand that the *100 Miles in 100 Days Walking Challenge* does not constitute an acknowledgment, representation or indication of my physiological well-being or medical opinion relation thereto. I also do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities. In consideration of my being allowed to participate in the *100 Miles in 100 Days Walking Challenge*, I do hereby forever waive, release and discharge Rutland Mental Health and WalkRutland and all claims and liabilities for injuries or damages to my person, and/or property arising out of or in connection with my participation in any activities, programs or services.

**If you agree to these conditions, initial here \_\_\_\_\_.**