Campus Recreational Services

Wellness Walkers Registration

Mail to Membership Services Office (EG 139)
*Make checks payable to Binghamton University.
Please do not send cash through the mail.

_________________________     ________________________
Name         Campus Address

_________________________     ________________________
E-mail Address      Campus Phone #

___I am registering for Wellness Walkers I (first-time participants) - $5 Fee
___I am registering for Wellness Walkers II (completed WW I) - $5 Fee
___I am registering for Wellness Walkers III (completed WW I and II) - $5 Fee
___I am registering for Wellness Walkers PLUS (completed WW I, II, and III) - $5 /Sem.

Estimate of weekly walking mileage (circle) below 10   10-20   20-30   above 30

Informed Consent Agreement

By volunteering to be part of and participating in the Wellness Walkers Program, participants are bound by the following statements:

1. Certain risks of injury are inherent to participation in fitness activities. These types of injuries may be minor or serious and may result from one’s own actions, the actions of others or a combination of both.
2. Certain activities require minimum levels of fitness, ability and health (physical, mental and emotional), and each person has a different capacity for participation in these activities. The participant is responsible for consulting a physician before starting any exercise program
3. Wellness Walkers Program participants agree that Binghamton University, its employees and its agents shall not be liable for injury to participants’ persons or loss or damage to participants’ personal property arising from or in any way resulting from the participants’ participation in these activities, unless such injury is caused by the negligence of the University, its employees or its agents while acting within the scope of their duties.
4. This consent will be binding on future registrations event if this form is not filled out upon renewal. If there is a change in participant’s fitness or health level, it is the participant’s responsibility to inform the Wellness Services Office management.

5. Signature ___________________________ Date ________________