



MOON WALK 2009

PARTICIPANT REGISTRATION FORM

*** Please return this form to your team captain ***

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TEAM CAPTAIN: _____

ORGANIZATION: _____

Check here if you would like to be added to the QCHI Community email list.

Check here if you are **NEW** to Moon Walk (you did not participate in Moon Walk 2006, 2007, or 2008).

Check here if you do **NOT** accumulate at least 30 minutes of activity (exercise) most days of the week.

Moon Walk 2009 is a project of the Wellness Champions of the Quad City Health Initiative (QCHI). Between April 3, 2009 and June 12, 2009, the Quad Cities will compete with Peoria and Champaign-Urbana to “walk” a community total of 477,400 miles, the equivalent of one round trip to the moon, and accumulate the highest number of miles per registered walker!

Waiver:

I certify that I am at least 18 years old and that I hereby waive any and all claims against the Quad City Health Initiative, its sponsors, affiliates, volunteers, and employees, from any personal injury I might incur in this event/program. I attest that I am physically fit and prepared for this event/program. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event/program.

Participant Signature: _____ **Date:** _____

If participant is 17 or younger, guardian signature is required.

Guardian Signature: _____ **Date:** _____