

Bluffton Parks  
Department

Summer

Striders

Wednesday Nights

May 15<sup>th</sup> – June 26<sup>th</sup>

5:30-6:30pm

(First session will meet in City Hall)



**This 7-week program is tailored to help YOU meet YOUR goals** – whether it's going from being a couch potato to walking regularly, or increasing from 3 miles to 6, or going from a 20-minute mile to a 15-minute mile. This program is geared to help motivate you to achieve your walking goals while increasing your knowledge of nutrition, injury prevention, shoe selection, training strategies, and so much more. The program is directed by a trained wellness coach and licensed health & physical educator.

**Registration is required for this life-changing program** which fills up quickly so reserve your space today by contacting the parks department ([parks@ci.bluffton.in.us](mailto:parks@ci.bluffton.in.us) or 824-6069). The program is only \$20 due the first night and will include a t-shirt, children under 10 are free without a t-shirt. Program participants must be healthy enough to participate in moderately intense physical activity. Please bring your own filled water bottle with you each time.

## Summer Striders 2019 Participant Information

Participant Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you have a friend/family member doing this program with you? YES NO

If so, who? \_\_\_\_\_ Relationship \_\_\_\_\_

### Exercise history:

1. Do you currently walk or run? YES NO (which? WALK or RUN or Combo)

If so, how long have you been regularly doing it? \_\_\_\_\_

How far do you usually go? \_\_\_\_\_

How many days per week do you walk or run? \_\_\_\_\_

2. Do you participate in other physical activity such as aerobics or weight lifting? YES NO

If so, what activity(ies) do you usually do? \_\_\_\_\_

How long do you usually do these activities each session? \_\_\_\_\_

How many days per week do you usually do them? \_\_\_\_\_

3. How would you rate yourself on a scale of 1-10 (10 being exceptionally fit; 1 being total couch potato)  
\_\_\_\_\_.

4. Are you medically able to walk 2 miles in 40 minutes? YES NO

*It is recommended to seek medical approval prior to beginning any new diet or exercise program.*

### Goals:

5. Why did you decide to participate in this program?

6. What do you hope to achieve as a result of this program?

7. What goal(s) are you ultimately hoping to achieve related to walking/running?

8. Are you planning to do any races? If so, which ones and when are they scheduled?

### Hydration:

9. How many ounces of water do you normally drink per day? \_\_\_\_\_ oz

### Other:

10. Is there anything else you think I should know about?

# SUMMER STRIDERS

## WAIVER AND RELEASE FROM LIABILITY

I, \_\_\_\_\_, on behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, HEREBY WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, whether or not attributable to the negligence of the releasees, the City of Bluffton, the Mayor of Bluffton, the Common Council of the City of Bluffton, the Bluffton Parks & Recreation Department, the Bluffton Board of Public Works and Safety and any agents, successors, assigns, instructors, volunteers or employees of any of the foregoing which may arise out of the use of the Bluffton Parks & Recreation Department Summer Striders program.

I HEREBY AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein.

I AGREE TO INDEMNIFY AND HOLD HARMLESS the City of Bluffton or any person or entity mentioned above from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, proceedings, cost, disbursements or expenses of any kind or nature whatsoever (including, without limitation, attorney's fees and experts fees and disbursements) which may at any time be imposed upon, incurred by or asserted or awarded against an of the releasees identified above which relates to or in any way arises out of my acts or omissions in connection with mine or my child's participation in the Summer Striders program.

I HEREBY AFFIRM that I am 18 years of age or older and that I have read and understand the foregoing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Adult Participant Signature

\_\_\_\_\_  
Adult Participant Printed Name

If you are registering a minor sign below:

Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name