

# Page County Recreation Department Heart & Sole Tally Sheet

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Month \_\_\_\_\_

Were at least 30 of these miles completed with a family member? Yes No

Family member's name \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

I recognize that this is a potentially hazardous activity. I should not participate unless I am medically able. I assume all risks associated with walking in this program including, but not limited to: falls, contact with other participants, the effects of the weather (including cold, snow and or ice, rain, high heat and or humidity) traffic and conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled on my behalf, waive and release the organizers of the Heart & Sole Family Walking Program, its directors, officers, staff, and volunteers, the County of Page and its employees and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named on this waiver. Further, I grant my permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purpose.

**I UNDERSTAND THE ABOVE LISTED MILEAGE/INFORMATION IS CORRECT OR I MAY BE DISQUALIFIED FROM PRIZES.**

**Signature of Participant:**

\_\_\_\_\_ **Date** \_\_\_\_\_

(or parent/guardian if under 18)