

Nordic Pole Walking Registration Form and Release of Liability

Name: _____ Phone: _____

Email: _____ Age: _____

Address: _____

City/State/Zip: _____

Do you exercise regularly: YES _____ NO _____

If yes, what type of exercise and how often?

Do you have any exercise restrictions? YES _____ NO _____

If yes, please explain:

What's your motivation for getting involved with NPW?

- Lose weight
- Stronger muscles
- Be outdoors
- Other: _____

- Improve cardio
- Fun
- Meet others

I understand that participation in any form of physical activity may be physically challenging and may involve risk of injury. I am participating voluntarily with full knowledge that - as with any physical activity - I assume a certain risk of injury. Participation in instruction classes and walking groups sponsored and conducted by Nordic Pole Walking USA LLC /The Pole Walking Diva is at my own risk. I will not hold Nordic Pole Walking USA, nor their Certified Instructors (The Pole Walking Diva) liable for personal injury while participating in their classes or with their walking groups. I may use my own poles and am not required to practice with or purchase poles from Nordic Pole Walking USA LLC. I am advised to check with a physician as to whether I am fit to practice Nordic Pole Walking before joining a Nordic Pole Walking Group.

Signature: _____ Date: _____



The Pole Walking Diva