

## Individual Registration Form Walktober Challenge

If part of a team, please submit this form along with **Team Registration Form** 

Team Name:	
Your Name:	
Department:	
I recognize that The	e Wellness Program of Geneva College is a voluntary program made available to me as an employee.
I further recognize The Wellness Progr	the Walktober Challenge is a voluntary program, which may involve strenuous physical activity. that any injury I may sustain is not the responsibility of The Wellness Program or Geneva College. In addition, ram is not included in any of my job responsibilities; therefore, any injury I may experience is not a job-related e risks for any injuries that I may sustain while participating in this program.
Signature:	Date:
Witness (Team C	aptain):
	Please answer the following questions:
1.	Are you currently engaged in a physical activity program? Yes or No
2.	If yes, what type of activity?
3.	If so, how many minutes a week?

Confidential and Proprietary Information Prepared by The Reschini Group