



PROSPECTUS BERCO

Move More in Harmony Challenge Registration Form – Walkathon Form

REGISTRATION

Name: _____

Address: _____

Phone: _____

Email: _____

Registration Type: *(Check One)*

Multiple People on Form

- | | | |
|--|----------------|-----------------------|
| <ul style="list-style-type: none"> <p>▪ Harmony Walk \$25
(Includes walk registration, t-shirt, and prize eligibility)</p> | <p>X _____</p> | <p>Total \$ _____</p> |
| <ul style="list-style-type: none"> <p>▪ Harmony Walk & Game \$50
(Includes walk registration, t-shirt, prize eligibility, and game)</p> | <p>X _____</p> | <p>Total \$ _____</p> |
| <ul style="list-style-type: none"> <p>▪ Fan Club \$50
(Game and commemorative t-shirt / <u>Do Not</u> have to sign waiver.)</p> | <p>X _____</p> | <p>Total \$ _____</p> |

****NOTE:** *Game includes seating in the Purple Section, food voucher for hamburger and soft drink, and a Reading Royals Cap.*

T-Shirt Size: Include the number for each size for each party in your group

Youth ___ S, ___ M, ___ L,

___ S, ___ M, ___ L, ___ XL, ___ XXL, ___ 3X, ___ 4X, ___ 5X

Complete form along with signed waiver and email to: jpenchard@prospectusberco.org

Or, mail to Harmony Challenge-Prospectus Berco, 840 William Lane, Reading, PA 19604

Thank you!

Thank you for registering for the Move More in Harmony Challenge. Please take a moment to review the following PAR-Q to determine whether or not you should consult your physician before beginning this challenge. Also, please sign our Accident and Hold Harmless Waiver. Waiver must be completed and signed by each participant. Thank you!

Physical Activity Readiness Quiz

It is always best to determine whether you should have medical clearance before starting an exercise program. Take this simple Yes/No Quiz to determine if you should contact your physician before participating in the challenge.

PAR-Q: Physical Activity Readiness Questionnaire		
YES	NO	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
YES	NO	Do you feel pain in your chest when you do physical activity?
YES	NO	In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
YES	NO	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	Do you know of any other reason why you should not do physical activity?
<p>If you answered yes to one or more of these questions, see your doctor before you start becoming much more physically active or before you have a fitness appraisal.</p>		

Accident Waiver

I am participating on a voluntary basis in the Move More in Harmony Challenge and I understand that I may stop participation at any time.

I understand that the program encourages a gradual approach to exercising and in participating, I enroll at my own risk. Although the risk is very unlikely that I will suffer a cardiac event, this risk comes with any type of physical activity, and it is in my best interest to have physician clearance before beginning any exercise regimen.

I hereby affirm, that I have completed the Physical Activity Questionnaire, and to the best of my knowledge that I do not suffer from any condition that would prevent or limit my participation in this challenge and I have not been advised by any physician that I should refrain from participating in exercise. In addition, I acknowledge that if my health changes during the duration of the challenge, it is my responsibility to seek medical advice to determine if continued participation is appropriate for my health.

I release Prospectus Berco and the Move More in Harmony Challenge committee and any other participating sponsor from liability now or in the future.

I have read this form, and understand, and agree to the guidelines established for this program. I understand the possible risks involved with my participation, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in the Move More in Harmony Challenge.

I understand that it is always best to check with your physician begin an exercise activity.

Print Name

Signature

Date