



THE UNIVERSITY OF GEORGIA
**COOPERATIVE
EXTENSION**

Walk-a-Weigh Registration

Begin the registration process by contacting Michele Melton at 770-887-2418 or msmelton@uga.edu to confirm that space is still available. Within 7 days of confirming space, complete these forms and return them to the Forsyth County Extension Office (875 Lanier 400 Pkwy, Suite 158, Cumming, GA 30040) along with your \$15 registration check made payable to Forsyth County FACS. The Medical Permission Sheet, which requires your physician's signature, may be brought to class.

Name: _____

Phone Number: _____

Email: _____

Are there any nutrition-related topics you are particularly interested in? (be specific)

In addition to the lecture, every meeting will include time for participants to weigh themselves and walk. At the first and final session, additional measurements such as body circumference, blood pressure, etc. will also be taken (optional) to better capture "before and after" results. Please wear appropriate attire.

You will not be allowed to participate in any physical activity portion of Walk-a-Weigh until you turn in a completed medical permission sheet. This form requires your physician's signature, and may be turned in at any time throughout the series. If you have had a physical recently, you can often fax the form to your physician's office (although always call first) and they can complete it. If it is easier for you to have them fax it back directly to our office, that is fine. Please use our main fax line (770-887-2403) and let us know to expect it.

If you do not turn in the medical permission form you are still welcome to attend the educational session, but may not walk with the group.

If you need help or have any questions related to this policy please don't hesitate to contact the Extension Office at 770-887-2418.

MEDICAL PERMISSION SHEET

The WALK-A-WEIGH PROGRAM is a series of lessons sponsored by the University of Georgia Cooperative Extension Service. It helps people learn healthy habits to control their weight and improve their physical well-being. Good nutrition, based on the recommendations of the Dietary Guidelines, and moderate exercise, emphasizing a walking program, are major elements of the program. Any person wishing to participate in the Walk-a-Weigh program is required to have a doctor's permission to participate.

This is to certify that I gave (Name)_____ a physical examination.

_____ Yes _____ No She/He has my approval to participate in the WALK-A-WEIGH classroom sessions to improve weight control skills.

_____ Yes _____ No She/He has my approval to exercise as part of the WALK-A-WEIGH program.

If you have any questions, please contact Michele Melton, FACS Extension Agent in Forsyth County. Contact information: 770-887-2418 or msmelton@uga.edu

Physician Name _____ ID No. _____

The Cooperative Extension Service, University of Georgia, College of Agriculture and Environmental Sciences offers educational programs, assistance and materials to all people without regard to race, color, national origin, sex and handicap status.

Date 8/09

The University of Georgia and Ft. Valley State University, the U.S. Department of Agriculture and counties of the state cooperating. Cooperative Extension, the University of Georgia Colleges of Agricultural and Environmental Sciences and Family and Consumer Sciences, offers educational programs, assistance and materials to all people without regard to race, color, national origin, age, gender or disability.

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The University of Georgia
Release, Waiver of Liability and Covenant Not to Sue
READ CAREFULLY BEFORE SIGNING

I hereby acknowledge my awareness that my participation in the University of Georgia Cooperative Extension Service Walk-A-Weigh Program may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. Examples of the risks that I may be exposed to during the exercise portion of the program include inclement weather, falls and scrapes, hypoglycemia, foot injuries, heart attack, and automobile accidents, as well as other risks that may not be foreseeable. I hereby assume any and all such risks.

For the sole consideration of The University of Georgia's allowing me to participate in the program, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any personal injury, property damage, or the consequences thereof resulting from or in any way connected with my participation in the program.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board or its members, officers, agents, and employees.

I certify that I am at least 18 years of age and that I have read and understand the above.

SIGNATURE _____ DATE _____

PRINTED NAME _____

ADDRESS _____

Date 8/09

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