

March INTO March

Put together a team and March across Iowa with a goal of 10,000 (5 miles) a day
OR walk 30 minutes per day on your own

Location: **Greene County Community Center**

Date: **March 1-March 31**
(Register February 25-February 28)

Day & Time: **Walk whenever suits your schedule**

Fee: **\$10.00 per person walk**
(payable by check to the Chamber or cash)
\$5.00/person 23 1/2 hr challenge
(payable by check to the Chamber or cash)

Ages: **Anyone**



Register at the at the Greene County Community Center, 204 West Harrison St
Once a week report steps or minutes by email to Vicky at pakrecvl@netins.net or stop by the Greene County
Community Center, 204 W Harrison so steps can be recorded on the Iowa map.

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Starting March 1-March 31 mark one of the following

23 1/2 hour challenge \$5.00/person
 Walk 10,000 steps per day \$10/person

Name of Team: _____

Coach: _____ Ass't Coach: _____

Address: _____ Address: _____

EMAIL _____ EMAIL _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Waiver & Medical Authorization

In consideration of being permitted to participate in the March into March activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and Greene County Chamber and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

ROSTER OF PARTICIPANTS

NAMES with SIGNATURE

1. _____
2. _____
3. _____
4. _____
5. _____