What is Step up to the Challenge?

Step up to the Challenge is an 8 week physical activity program designed to kick start your physical activity routine. It’s easy, plus you can earn great prizes just for walking!

• The goal is to walk 10,000 steps a day, approximately five miles

• Participants track steps daily using a pedometer

• This is an individual participant challenge

• Participant steps can be logged on the Step up to the Challenge web page www.reidhospital.org/stepupminority weekly, or by calling the Step Up to the Challenge voice mailbox: (765) 935-8408.

• Awards given out every other week

• Larger incentive given at the end of the 8 week program

• Registration is Sept. 8 -15, 3 - 5 p.m. at Richmond Boys and Girls Clubs and the Townsend Community Center

• Registration form drop off is Sept. 8 - 15 at any of these locations:
  Reid Hospital Information Desk
  Wayne County Foundation office
  Soulfest (September 17 @ Townsend Community Center)

• The first 150 participants to register will receive a FREE pedometer and water bottle

• Pick up your pedometer, water bottle and tracking log @ Soulfest, September 17

• Step Up begins Sept. 19.

Challenge your family, friends and neighbors in this fun wellness program!

Program sponsors:
REGISTRATION FORM & WAIVER

Print First Name: ________________________________________________

Print Last Name:____________________________________________________________________________

18 years of age or older ☐ Yes ☐ No

E-mail address______________________________________________________________________________

Phone #_____________________________________

Waiver

I, the undersigned, freely acknowledge and realize the dangers of participating in Step Up to the Challenge (Step Up) and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other participants, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or fixed or moving objects, the negligence of other participants, as well as the possibility of physical and/or mental trauma (or injury). I realize that Step Up requires physical conditioning, and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger me or others. I understand and agree that a situation may arise during Step Up which may be beyond the control of the sponsors, promoters or organizers and agree to participate so as not to endanger either myself or others.

I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against Step Up, the sponsors and promoters including Reid Hospital & Health Care Services and its employees, or other sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in Step Up. I agree that if I or anyone on my behalf makes a claim against any of the releases, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such a claim and any claims will be filed in Wayne County, Indiana.

I give my permission to Reid Hospital & Health Care Services to use my name and my photographs, videotapes, motion pictures, recordings, evaluations or any other record of my participation in Step Up for any publicity and/or promotional purposes without obligation or liability to me.

I agree to abide by the rules of Step Up. The above agreements and representations are my express understandings of the risks, and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Participant Signature______________________________________ Date_ _/ _/_ _/ _ _ _