

*Welcome to the **Just Walk**
Program!*



Just Walk

INFORMED CONSENT

Worcester County Health Department
“Just Walk” Program

I _____, voluntarily choose to participate in the “Just Walk” program sponsored by the Worcester County Health Department. I also realize that I must be a Worcester County resident or employee to participate in this program.

I have been informed and understand that the “Just Walk” program is designed to place a gradually increasing workload on my circulatory system in an attempt to improve its functioning. If, at any time during my participation in the “Just Walk” program, I experience any form of chest pain, pain in the extremities, discomfort, dizziness, fainting, or other similar symptoms, I will discontinue participation in the program and consult with a physician.

I am fully aware, understand and accept the risks involved, which I have had explained to me, in participating in this program. I agree to release and exculpate the Worcester County Health Department and its employees and representatives from any liability to me for any damages caused by the ordinary negligence of either party, including negligence related to the condition of maintenance of the property over which the program will occur and any other negligence expressed or implied in law, statute, regulation or public policy. I also expressly waive any claim against the Worcester County Health Department for damages founded on any other legal theory.

I have read and understand the foregoing statements. Any questions which have arisen or occurred to me have been answered to my satisfaction. None of the answers provided to me orally have been in any manner inconsistent with the information provided in this statement.

Participants under the age of 18 must have the application countersigned by a parent or guardian, or be otherwise legally empowered as minors to give effective, informed consent and to sign on their own behalf.

Date: _____

Participant’s Signature

Witness: _____

Parent or Guardian (If participant is under age 18)

Sweatshirt size: Sm. Med. Lg. XL
(Please circle one)

Participant’s Address

Gender: _____ Male _____ Female

City, State, Zip Code

Participant’s Telephone Number

Participant’s Email Address

____ I Do or ____ I Do Not Wish to be recognized publicly for my accomplishments in the
Just Walk Program



Welcome to the

Just Walk Program

Just Walk is a self-directed, self-reported physical activity program.

How it works:

We provide you with the following:

Just Walk Mileage Logs: Record the miles as you walk or complete physical activity. You can call or send us your mileage logs at the designated miles, and a ***Just Walk*** incentive is provided. (See list below)

Then all you do is complete the ***Just Walk*** Consent Form, sign and return to the Worcester County Health Department, Prevention Services. This will register you in our program and place your name on our mailing list. Please be sure to print your name legibly and give us your complete mailing address and sweatshirt size.

We look forward to having you in our program!

Worcester County Health Department
P.O Box 249
Snow Hill, Maryland 21863
(P) 410-632-0056
(F) 410-632-0080

Earn incentives as you go!

- | | |
|--|------------------|
| ➤ <i>Just Walk Clutch Water Bottle</i> | <i>25miles</i> |
| ➤ <i>Just Walk Cooling Headband or Cooling Towel</i> | <i>75 miles</i> |
| ➤ <i>Just Walk Cell Phone Armband</i> | <i>125 miles</i> |
| ➤ <i>Just Walk Reflective Vest or Walking Pouch</i> | <i>175 miles</i> |
| ➤ <i>Just Walk Sweat Shirt or T-Shirt</i> | <i>300 miles</i> |

Just Walk Equivalents

Activities which = 1 mile of walking

20 minutes push mowing

19 minutes swimming crawl stroke

14 minutes of moderated intensity tennis

9 minutes canoeing: average speed of 4 M.P.H.

10minutes Line dancing, square dancing, or fast dancing

10 minutes of high impact aerobics

15 minutes regular impact aerobics

12 minutes on the stair stepper

15 minutes of Rollerblading, roller skating, or ice skating

15 minutes of floor exercise gymnastics (steady activity)

12 minutes of bicycling

20 minutes for water aerobics

