

Membership Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Circle one: M F Date of birth _____

Membership # _____

Miles Pledged

I pledge to walk _____ miles/steps a week. I plan to do this for _____ weeks this year.

I understand that by taking part in the Miami Valley Hospital Mall Walkers Club at the Mall at Fairfield Commons, I am assuming all risk associated with the program. I hereby release the Mall at Fairfield Commons, Miami Valley Hospital, Premier Health, Premier Community Health and all other organizations associated with this program, parent and affiliated companies, successors and assignees, officers, directors and employees from any and all liability arising from or in any way connected to this walking program. I also understand it is recommended that I check with my physician before starting an exercise program. As a member of the Club, I hereby agree to be photographed, filmed and/or videotaped for purposes of publication in newspapers, magazines, or other printed media or broadcast by means of radio or television transmission, and including publication on the hospital's Web site or other Web presence. I hold Miami Valley Hospital free and harmless from any and all liability resulting from such photographs, filming and/or videotaping. I understand this application signifies my consent.

Signature _____

Date _____

MVH may periodically send information about health events, programs or services. Please check here if you wish to NOT receive these messages.

If you are an employee of MVH or any entity within Premier Health, check here.

Mall Walkers Club Membership Card

Name _____

Membership # _____