

### WALKING MOAI REGISTRATION

Congratulations on joining a Walking Moai Team (walking group)! The term “moai” (pronounced mo-eye) refers to a group of people coming together for a common purpose, focusing on making social connections. Your feedback is important to us. Please complete the information below. Blue Zones Project will be organizing Walking Moai groups who will get together at least once per week for 30 – 60 minutes over 10 weeks to walk and talk.

*Please complete the fields below.*

FIRST & LAST NAME					
EMAIL ADDRESS	<i>For registration purposes, please provide.</i>				
PHONE NUMBER				ZIP CODE	
T-SHIRT SIZE	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> Other; Please specify:

Please select your preferred walking location(s):

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

When walking, what are your preferences? Check all that apply.

Before work walker <input type="checkbox"/>	During lunch walker <input type="checkbox"/>	After work walker <input type="checkbox"/>	Weekend walker <input type="checkbox"/>
Fast pace <input type="checkbox"/>	Medium pace <input type="checkbox"/>	Leisurely pace <input type="checkbox"/>	
Walks with kids <input type="checkbox"/>	Walks with dogs <input type="checkbox"/>		

Are you interested in volunteering with Blue Zones Project? Yes  No

**PARTICIPATION WAIVER:** The following waiver is required because, like joining a gym, there is some minimal risk to participating in any program. In addition, there will be pictures/videos taken at many events in order to teach other communities how to succeed. This waiver gives Healthways and Blue Zones Project the right to use these images.

I, the undersigned, agree to be legally bound, hereby, for myself, my heir, executors and administrators, waive and release any and all rights and claim and damages I may have against Healthways and Blue Zones, operating separately or in conjunction as Healthways | Blue Zones Project, and any and all Blue Zones Project sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said program/event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this program/event without liability or obligation to me for promoting the Healthways | Blue Zones Project and any other reasonable purpose. I also allow my name to be listed among all Healthways | Blue Zones Project participants.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: Date received \_\_\_\_\_ Matched to team? (Y/N) \_\_\_\_\_ Team Leader \_\_\_\_\_