

REGISTRATION CARD

Name

Address

City

State

Zip

Phone (optional)

Email

Gender M F

Date of Birth

I understand that before beginning the UPMC East Monroeville Mall Walkers program, as with any exercise regimen, I should consult my personal physician to determine whether the program is safe and appropriate for me. By participating in the UPMC East Monroeville Mall Walkers program, I am assuming all risks associated with the program, including but not limited to the risks of personal injury or illness and personal property damage. I hereby release and discharge UPMC/UPMC East (program sponsor), CBL/Monroeville Mall LP (property owner), and their subsidiaries, affiliates, employees, agents, representatives, successors, and assignees from any and all claims, liability, or results caused or contributed to by my participation in the UPMC East Monroeville Mall Walkers program.

Signature

Date

UPMC East may periodically send information about upcoming health events, free screenings, or programs. Please check here if you wish to NOT receive these messages.

If you are an employee of UPMC or any other entity within UPMC, check here.

To register for the UPMC East Mall Walkers, please fill out this form and bring to the next event, which takes place on the second Wednesday of every month in the Monroeville Mall food court. If you have questions about the program, please e-mail your questions to EastMallWalkers@upmc.edu.