

Beaver Strides
 Health Promotion Department
 (541) 737-2775

Office Use ONLY			
<u>Contacts</u>			
(Circle One)			
Date: _____	P	E	Initial: _____
Date: _____	P	E	Initial: _____
Date: _____	P	E	Initial: _____
P= phone; E= e-mail			

Date: _____

Name: _____ ID #: _____

Mailing Address: _____

E-mail Address: _____

Phone: _____ **Check One:** Student _____ Faculty/Staff _____

Check One: Around the World _____ Step Challenge _____ Pedometer Check-out _____

Assumption of Risk and Liability Waiver

I have registered for the Health Promotion Department Beaver Strides Program. I understand that participation in this program involves a certain degree of risk and danger. I fully and voluntarily accept these risks. I hold Oregon State University, Student Health Services, the Health Promotion Department, and all of their officers, agents, and employees harmless for any liability associated with my actions or the actions of a third party in the event that I suffer either injury, death, or property damage while participating in Beaver Strides.

I state that I do not possess any health problems or physical limitations that my doctor feels would restrict my active participation or the safety of others in this program. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or complete this program. I further assume and will pay my own medical expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense.

I have read this waiver carefully, understand it, and submit to its conditions.

Name (Printed) _____

Signature: _____ Date: _____

STUDENTS ONLY

Pedometer Loan Contract Agreement

I understand that I bear full responsibility for damage to or loss of the following pedometer (damage includes, but is not limited to, dropping or washing the pedometer, overstretching/breaking the clip, etc). **Please note:** it is highly recommended that you test your pedometer before taking it with you, as we are unable to exchange or reimburse for damaged pedometers. In the event of damage, loss or failure to return the pedometer, I understand that my student account will be charged \$25.00. Breaking/stretching the clip will result in a \$10.00 charge. By my signature below, I accept the terms stated above.

Pedometer Number: _____

 Signature of Borrower

 Date

 HP Representative

 Date

Office Use ONLY	
<input type="checkbox"/>	Returned
<input type="checkbox"/>	Purchased
<input type="checkbox"/>	Billed Account
Initial: _____	
Date: _____	