



**Saturday Mornings 9:00 a.m.**  
**September 10th, 2016-October 29th, 2016**

## **Walk & Talk with Mayor Roma**

### Beachwood Mayor's Wellness Campaign ♦ A Community Health Initiative

Please join us at Beachwood Beach for our 3<sup>rd</sup> Annual Walking Series, "Walk & Talk with Mayor Roma". The Mayor's Wellness Campaign is an initiative of the NJ Health Care Quality Institute in partnership with the NJ State League of Municipalities. Our goal is to give our citizens the tools they need to live active and healthy lifestyles.

This is a free event open to all ages and fitness levels. We will meet each week at 9:00 a.m. on Saturday morning for a two mile walk around our beautiful town. Like us on Facebook to stay updated on walk locations as we will change our route each week.

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Name: \_\_\_\_\_ Age on Walk Day \_\_\_\_\_ M/F: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I know that walking a road course is a potentially hazardous activity and that I should not enter and walk unless I am medically able and properly trained. I agree to abide by any walk official relative to my ability to safely complete the walk. I assume all risks associated with walking this event including but not limited to: falls, contact with other participants, the effect of the weather, traffic, and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, myself and anyone entitled to act on my behalf, waive and release The Borough of Beachwood, its employees and/or volunteers, any walk officers, members, including their personal and agencies, where the walk is being walked, and any walk sponsors, their representatives, employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or carelessness of other participants in this event. Further, I grant to all of the forgoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age – Parent or Guardian must sign

**Form can be mailed or dropped off to Beachwood Mayor's Wellness Campaign, 1600 Pinewald Rd. Beachwood, NJ 08722**

**Like us on [Facebook](#)**