

Walk With Ease

a program for better living



The Arthritis Foundation Walk with Ease Program is an exercise program that can reduce pain and improve overall health. If you can be on your feet for 10 minutes without increased pain, you can have success with Walk With Ease.



LOCATION: Switzerland County YMCA
1114 West Main
Vevay, IN 47043

DATES: March 23rd—May 1st, Mondays, Wednesdays, and Fridays

TIME: 2:00–3:00 p.m.

INSTRUCTOR: Amy Rathje

REGISTER: Switzerland County YMCA Registration deadline: March 19th

COST: No Cost, but donations to *LifeTime Resources* are welcome

Brought to you by:



Walk With Ease Program Registration Form: One participant per form, Please PRINT LEGIBLY! AND WAIVER MUST BE SIGNED IN ORDER TO PARTICIPATE on the reverse side. MUST BE AT LEAST 60 YEARS OF AGE

NAME: _____ Birth Date ____/____/____ Age as of March 23rd, 2020 ____
Mo Day Yr

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS: _____

REGISTRATION FEE: FREE

REGISTRATION DEADLINE: March 19th

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Benefits to You

Walk with Ease will help you:

- * Motivate yourself to get in great shape
- * Walk safely and comfortably
- * Improve your flexibility, strength, & stamina
- * Reduce pain and feel great

The Arthritis Foundation Walk With Ease program

is a 6-week, 3days per week, 1 hour **FREE** walking program for all Individuals **60 and over.**

Class size is limited to 15 participants

Free walking guide book and pedometer

WAIVER: Important! Please read & sign this release

All participants must read and sign. I understand that this Walk With Ease Program carries with it the potential for physical injury and property loss. I hereby assume the risks of participating in this program and certify that I am physically fit and have not been advised against participation by any qualified health professional. I hereby waive, release and forever discharge the Switzerland County YMCA, Arthritis Foundation, *LifeTime* Resources, City of Vevay, Indiana, Switzerland County, and any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of, or relate to, my participation in or my traveling to or from this program. I further acknowledge there may be traffic or persons on the course route, and I assume the risk of walking in this program. This release of liability expressly extends to any negligence on the part of any of the parties release herein.

PHOTO PERMISSION: We, participating individual or legal guardian, do hereby grant permission for photos to be used in publicity or brochures to the Switzerland County YMCA and *LifeTime* Resources.

Signature _____