



**SANDUSKY RECREATION DEPARTMENT
“WALK FOR HEALTH”
26 W. SPEAKER ST.
SANDUSKY, MI 48471**

**Registration for Walk for Health
(One registration from per participant)**

Note: You can not start logging your miles until this form is turned into the City of Sandusky office. Once this form is filled out, the staff will furnish you with a form for tracking your miles.

Name: (please Print): _____

Address: _____

City _____ **Zip** _____ **Phone** _____

We understand and agree that the City of Sandusky Recreation Department and it’s employees, assume no responsibility for any injury or property damage or loss that might be suffered during the above indicated program by the participant and or parent or guardian and that the participant and or guardian assumes rick for personal injury or loss or damage to property.

**Signature of participant and/or
Parent or Guardian**

Date: _____