

Presented by the City of Jacksonville and Conviva

# Walk For Senior Wellness



Friday, November 3, 2023 @ 10 a.m.  
Bob Hayes Sports Complex and Legends  
Center



**Walk:** Join us for a scenic walk celebrating senior fitness and health!

The 1.5-mile walk will take place on the walking path behind the Legends Center.

**Lunch:** After the walk, enjoy a delicious lunch indoors!

**Register:** Completion of the registration and liability forms are required to participate in this event.

**All participating seniors must be able to walk 1 mile unassisted and must participate in the walk. Registration is not complete without a signed waiver. (No Exceptions!) You must be registered to participate.**

## Activities Scheduled

**10 a.m.** Check in behind the Legends Center

**11:00 a.m.** Greetings followed by warm up & stretches

**11:15 a.m.** Walk Begins

Lunch will be served immediately after completion of the walk.

(First 400 participants will be registered. Expected to fill up quickly, so register early! Must be 60 or over and live in Duval County. Sorry, no children or on-site registration.)

**For More Information Call (904) 255-5667.**



Senior Services Division programs are funded in part by ElderSource. Pursuant to the Americans with Disabilities Act, accommodations for persons with disabilities are available upon request. Please allow 1-2 business days notification to process. Please contact Disabled Services at VM (904) 255-5466 or TTY (904) 255-5475

**REGISTRATION FORM (Must be either mailed, scanned and emailed to [Adultsvcs@coj.net](mailto:Adultsvcs@coj.net) or delivered in-person at Event Check-in.)**

Name \_\_\_\_\_  
Email: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

### **Emergency Contact (Must Complete in Order to Register)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WAIVER on reverse MUST be filled out and signed in order to participate.

**Incomplete Forms Will Not Be Accepted. Please see reverse side for Signature**

Please complete and return to:  
Walk For Wellness  
City of Jacksonville  
117 W. Duval St. Suite 280  
Jacksonville, FL 32202



**Release of Liability - 2023 Walk for Senior Wellness**

I \_\_\_\_\_ (print name of individual who will be participating), and my assignees, executors, administrators, heirs and successors, do hereby agree to release, hold harmless, and forever discharge from any liability, the City of Jacksonville, Florida, as well as its members, officials, officers, employees and agents, for any claims, demands, causes of actions, judgements (including costs and expenses) or liability arising directly or indirectly from damages, bodily injury or death that I might sustain as a result of my voluntary participation in the 2023 Walk for Senior Wellness.

I, the undersigned, do hereby acknowledge and understand that there are risks inherent in my participation in such a walk or wellness, and I assume all risks inherent therein and I agree to accept all responsibility for any injuries sustained by me as a result of my participation. I further acknowledge that I have been advised by the City of Jacksonville that I should consult with a physician or health care provider prior to engaging in the 2023 Walk for Senior Wellness to assure that I am physically able to participate.

I fully understand and acknowledge that by executing this release I, together with my assignees, executors, administrators, heirs and successors, forever discharge any claims for liability or negligence against the City of Jacksonville, as well as its officials, officers, employees and agents, for damages, bodily injury or death that I might sustain as a result of my voluntary participation in the 2023 Walk for Senior Wellness and any such claims will be forever barred.

I further acknowledge and understand that my participation in the City of Jacksonville's 2023 Walk for Wellness is entirely voluntary and not something that I am required to do. I further acknowledge that during my participation in the 2023 Walk for Senior Wellness that I am participating on my own time.

Further, I grant full permission to any and all of the foregoing to use my likeness for any promotional purposes related to the event or for future events.

I have fully read and understand the aforementioned release or liability and agree to its terms. All terms of this agreement are contained herein and there are no other terms to this agreement.

\_\_\_\_\_  
Print Name (Participant)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Participant's Address