Walking for Health, Fitness and Fun
with the City of Mitcham

- The Walking for Health and Fitness program is designed to increase strength and mobility, promote a feeling of wellbeing, and be **FUN**!

- The Walking Groups have different fitness levels to suit your needs and are led by a group of volunteers who are enthusiastic walkers.

- They give their time on a voluntary basis to run the groups.

- The walks are within the Mitcham Council area and surrounding Councils and vary in time, depending on your fitness level.

- For your comfort and safety please wear suitable clothing and shoes, a hat and bring some water.

- **Please note** that in the interest of safety, the walking groups are unable to accommodate the needs of walkers with children and strollers, or dogs.

Walks will be cancelled when the predicted temperature is 34° or over.

**When**

Groups 1, 2 and 3
Meet on Wednesdays
Leave at 9.30am

**Where**

The walks start from:
Mitcham Community Centre
242 Belair Road
Lower Mitcham

**Cost**

Free!

**Contacts**

Andrew 0414 561 738
John 0417 891 106
Mitcham Council 8372 8860
Walking for Health, Fitness and Fun!

with the City of Mitcham

Please read the following questions carefully then circle the appropriate response.

1. Do you frequently have pains in your chest? YES or NO
2. Do you suffer fainting or dizzy spells? YES or NO
3. Have you ever had high blood pressure? YES or NO
4. Have you ever had a joint problem such as arthritis that has been made worse by exercise, or might be made worse by exercise? YES or NO
5. Have you ever had asthma or breathing problems? YES or NO
6. Do you have any back problems? YES or NO
7. Do you take prescribed medication or drugs related to the above? YES or NO
8. Are you unaccustomed to exercise? YES or NO
9. Are there any reasons not mentioned here why you should not follow an exercise program? YES or NO

If you have answered YES to one or more questions, it is advisable that you consult with your doctor before increasing your physical activity, taking a fitness test or commencing an exercise program. Council may request a medical clearance prior to commencement if deemed appropriate.

Please fill in the following information:

Medical Practitioner:........................................................................................................................................
Address ...........................................................................................................................................................
Telephone ...........................................................................................................................................................

Are you in an Ambulance Fund? .. YES or NO

Volunteer leaders have been instructed to call an ambulance in the event of an emergency.

Contact person for emergencies:
Name .............................................................................................................................................................
Relationship .............................................................................................................................................
Telephone Home .........................................................................................................................Mob .......................

Please list any medications you may be taking..............................................................................................

The Walking for Health, Fitness and Fun program is conducted by volunteers who are not qualified instructors and do not hold themselves to be so. Although the volunteers have received some basic training they are not qualified to assess the health and safety of the participants and/or exercise program. Participants are encouraged to seek medical advice as to their suitability to participate in the program prior to signing this form. Neither the volunteers nor the City of Mitcham will accept any liability for any personal injury, loss or damage as a result of, or in any way related to, your participation in the program. I have read this statement and by signing below agree to these conditions.

Signed ..........................................................Date ..........................................................

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