



Couch to 5k: Navan 2019



A. PERSONAL INFORMATION

Please tick ✓

Name: _____

Age Group

Address: _____

18 - 25

26 - 40

Email: _____

41 - 55

56 - 70

Mobile No: _____

71 +

Gender

Male

Female

B. DECLARATION AND RELEASE

I hereby give my full permission for the use of my name, picture, image, likeness, actions, voice, video footage that I am featured in, in whole or in part, individually or in conjunction with other images or videos, as part of my participation in this programme and by all submissions of reports, of media & for purposes of promotion through www.meathsports.ie and associated programmes. **Please circle yes or no**

Yes

No

I understand that the information I provide in this form will be used for monitoring and evaluation purposes and will be shared with other stakeholders for that same purpose. I understand that my name will not be shared as part of this process. **Please circle yes or no**

Yes

No

Readiness to Participate:

1. I certify that I am physically fit to participate in the Couch to 5k programme.
2. I have no health related reasons or problems which present me from participating on this programme.
3. I have not been advised by a certified medical professional to **not** participate.
4. I will inform the leader of my medical conditions that they need to be aware of pre- programme.

Record of activity

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. **Please circle the relevant number:**

0 1 2 3 4 5 6 7

Please tick box if **you wish to receive** correspondence from Meath LSP in relation to upcoming programmes, workshops or newsletter &/or ezine via text or email

Signature: _____

Date: _____