

City of El Monte  Health & Wellness
 Healthy El Monte Walking Club



The **PLACE (Policies for Livable Active Communities and Environments)** Initiative is a grant funded program through the Los Angeles County Department of Public Health. The program is dedicated to fostering policy change that supports the development of healthy, active environments for all Los Angeles County residents. The City of El Monte will develop a Health and Wellness Element for the El Monte General Plan, with proposed components addressing healthy lifestyles and physical activity, access to healthy food, public safety and security, and access to recreation. The physical project component of the PLACE Initiative was the development of a 1.1 mile circuit walking path with mileage markers and signage connecting various civic, educational, retail and health care facilities in the area. The walking club is funded by the California Healthy Cities and Communities Initiative through the Center for Civic Partnership.



City of El Monte
 Community Services Department
 Community and Senior Services Division
 3120 Tyler Avenue, El Monte, CA 91731 • 626-580-2210
www.HealthyElMonte.com

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Join the Healthy El Monte Walking Club!
 Walk Your Way to Better Health!
 Fun, Fitness, Family & Friendship!

Meeting Location/ Localización de Reunión: 3125 Tyler Avenue, El Monte				
Meeting Length Longitud de Reunión: 1 Hour/1 Hora				
Monday lunes	Tuesday martes	Wednesday miércoles	Thursday jueves	Saturday sábado
8:30am	8:30am	8:30am	8:30am	8:30am
6:30pm	6:30pm	6:30pm		
There are no meetings on Friday or Sunday. No habrá reuniones viernes o domingo.				

- **Signing up for the walking club is FREE and easy, just visit us during our walking club hours and fill out a registration form.**
- **T-shirts, pedometers and other health related materials are provided to all members.**
- **Rewards and prizes include grocery and athletic store gift cards.**



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ARCEO PARK WALKING CLUB REGISTRATION FORM

PARTICIPANT CONTACT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

DATE OF BIRTH: _____ SEX: Female _____ Male _____ Weight: _____ Height: _____

Ethnicity (Please Circle One): Caucasian African American Hispanic Asian Other _____

Marital Status (Please Circle One): Single Married Divorced Widowed Other _____

In consideration of my participation in the Arceo Park Walking Club, I, the undersigned, declare that I am in good health and have my physician's permission to participate in the Arceo Park Walking Club. I assume full responsibility for any injury or accident to myself and hereby release the City of El Monte from any and all liability while walking in the Arceo Walk or participating in the Walking Club activities.

Signature: _____ **Date:** _____

Program Waiver, Emergency Information and Photo Release

PARTICIPANT NAME (Print): _____

I hereby give permission for the above named person to participate in the Community Services Department's **ARCEO PARK WALKING CLUB**. I hereby waive, release, and discharge any and all claims of rights to claims for damages for death, personal injury, permanent disability, or property damage which I may have, or accrues to me, as a result of said student's participation in the **ARCEO PARK WALKING CLUB**.

I further understand that serious accidents occasionally occur during said activities, and that participants in such activities occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on my own behalf of that of the minor named above, I hereby agree to assume those risks and release and hold harmless to the fullest extent of the law all of the persons and entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is binding to my heirs and assigns.

I further understand that I will be financially responsible for any medical assistance provided for my child or for myself in case of an emergency, as the City of El Monte does not provide medical insurance or coverage. I understand that the student named above may be photographed or videotaped during the course of the program, and I give my permission for his/her images or name to be used, without compensation, for the purpose of program promotion. In the event of sudden illness, accident, or injury which may occur while engaged in the above mentioned activity, in which a parent or guardian cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Date Signed _____

Student's Signature/ or Parent/ Guardian

EMERGENCY CONTACT

NAME: _____ RELATION: _____

ADDRESS: _____

Home Phone: _____

Cell Phone: _____

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Survey of Activities

Please check (✓) the top 8 activities that most interest you:

- Self Defense Classes
- Personal Trainer/Physical Educator
- Group Bike Ride
- Cooking Lessons/Nutritional Education
- Trip to Farmers Market
- Trip to Community Garden
- Blood Pressure Screening
- Diabetes Screening
- Emerald Necklace Walking Path (El Monte)
- Relay For Life (El Monte)
- Rose Bowl Walking Path (Pasadena)
- Griffith Park Walking Trail (Los Angeles)
- National Walking Day May 8th (El Monte)
- Avon Walk for Breast Cancer (Santa Barbara)
- American Heart Association Heart Walk (Los Angeles or Pasadena)
- MS Walk (Irvine)
- Step Out: Walk to Fight Diabetes (Los Angeles)
- Other: _____