



## *Walking Dukes Application Form*

Name: \_\_\_\_\_

Contact Number:  
Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Office Location: \_\_\_\_\_

Gender:

Female       Male

Classification: (please check one)

Faculty       Administration       Staff

Fitness Profile:

Beginner       Intermediate       Advanced



T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like the fitness & wellness staff to call or email you? \_\_\_\_\_

Please submit completed forms to Shannon Foster, Assistant Director, Power Center room 210, or via email [fosters1@duq.edu](mailto:fosters1@duq.edu).

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I understand that participation in the Walking Dukes is purely voluntary and that neither the Recreation Department nor Duquesne University assumes responsibility for any injury incurred through participation. I am aware of the risks involved in participation, and agree that it is my responsibility to determine whether or not I am physically fit to participate in a particular activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date