

# **GIRLS WALK AND/OR RUN**

## **For Women and Girls 10 and older**

presented by



and



**JOIN US:**

**MONDAYS, 6:00 P.M. AT THE RIVERS EDGE**

**700 W. RIVER DRIVE, DAVENPORT, IA**

This club is for girls and women who want to walk and/or run to strengthen mental health, physical fitness, make friends, and have fun!! Mothers, daughters, grandmas, aunts are welcome!

This is a 6-week program that will meet each Monday starting April 14 – May 19, 2025. There will be a guest speaker each week to cover topics such as: fitness, nutrition, goals and more, followed by walking and/or running on the riverfront bike path. There will be leaders to help pace each group of walkers, walk/runners, and runners.

Each weekly meeting will have leaders from Rock Valley Physical Therapy and Project Renewal to supervise and answer questions. Rock Valley Physical Therapy and Project Renewal are sponsoring this program, there is no fee to join. *Please be dressed appropriately each week for walking or running outdoors.*

Please email [lorena@projectrenewal.net](mailto:lorena@projectrenewal.net) or call 563-324-0800 if you plan to attend.

Any questions or concerns please call or email.

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

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt size: \_\_\_ Youth M \_\_\_ Youth L \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

WAIVER: I assume all risks associated with walking or running in this program including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my registration, I, for myself and anyone entitled to act on my behalf, waive and release Project Renewal, Rock Valley Physical Therapy and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Participant signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_  
(if participant under age 18)

Date: \_\_\_\_\_