

THE VEBA HEALTH AND FITNESS CHALLENGE



WALKING CHALLENGE PARTICIPATION FORM

The VEBA Advocacy Programs is pleased that you have decided to enroll in the Walking Challenge. The goal is to encourage you to get out there and get walking. In addition to gaining the many health benefits of walking, it is an opportunity to have fun reaching each week's "virtual destination", to make new friends, and to win prizes in the process!

All you have to do is fill out this form and return it to VEBA Advocacy Programs:

- **By Fax:** (619) 667-4104 -or-
- **By Mail:** **Walking Challenge**
VEBA Advocacy Programs
8885 Rio San Diego Dr. Suite 327
San Diego, CA 92108

Please complete the following information: (All information requested below is required.)

Name: _____

District: _____

Work Site: _____

Job Title: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Preferred Email Address: _____

My VEBA-sponsored medical plan is: Kaiser PacifiCare Not enrolled in a VEBA insurance plan

I am 18 years or older. I understand that the Walking Challenge is completely voluntary, and I am under no obligation to participate. As a voluntary participant, I agree to abide by the rules of the program. I understand I will be required to sign a release of liability in order to participate.

Signature _____

Date _____

One of your incentive prizes may be a Health and Fitness T-shirt. Please indicate your desired size:

Small _____ Medium _____ Large _____ Extra Large _____

If you have any questions about the Walking Challenge, please contact one of our health coaches* at healthcoach@VEBAonline.com or 619-466-4386.

(*Provided through Healthy Adventures Foundation)