Walk with a Doc Sign-up Sheet

Please sign-in and indicate if you would like to receive the national newsletter and take part in future surveys. If minor children are participating, please note how many are attending.

Name	Signature Required* (see attached waiver)	Email Address	News-Letter	Minors	How did you hear about WWAD?
Rachael Habash	*Rachael L. Habash*	Rachael@walkwithadoc.org	✓	2	Facebook, doctor, etc

*By signing this form you agree to Walk with a Doc's terms and conditions as outlined on the waiver and release of liability.

Leader name/city:	**Walk Date:**
Topic:	**Total # of Walkers:**

WWAD Leaders – please email the sheets to contact@walkwithadoc.org after each walk.