



BELLAIRE IS FRESH AIR: WALK BELLAIRE & WALK THE IRON BELLE TRAIL (VIRTUALLY)

Name: _____

WALKING OR HIKING IS A GREAT WAY TO GET FIT WHILE SPENDING TIME IN NATURE.

AIM TO DO AT LEAST 30 MINUTES OF WALKING 5 DAYS A WEEK.

SAFETY FIRST:

IF YOU HAVE A CHRONIC DISEASE OR SIGNS/SYMPTOMS OF CHRONIC DISEASE, SEEK MEDICAL CLEARANCE BEFORE BEGINNING THIS OR ANY EXERCISE PROGRAM

CHECK ONE OF THE FOLLOWING TO DETERMINE YOUR WALKING PLAN:

I CAN'T WALK FOR 30 MINUTES WITHOUT STOPPING.

BEGINNER

WALK AT A PACE THAT INCREASES BREATHING AND HEART RATE FOR AT LEAST 10 MINUTES.

INCREASE DURATION EVERY 1-2 WALKS BY 2 MINUTES AT THIS PACE.

WORK UP TO WALKING 30 MINUTES WITHOUT STOPPING.

PROCEED TO INTERMEDIATE PLAN WHEN READY FOR MORE CHALLENGE.

I CAN WALK CONTINUOUSLY FOR 30 MINUTES AT A SLOW PACE.

INTERMEDIATE

WALK AT A PACE THAT INCREASES BREATHING AND HEART RATE FOR 30 MINUTES.

INCREASE PACE BY 2 STEPS PER MINUTE EVERY 1 - 2 WALKS.

WORK UP TO WALKING 30 MINUTES WITHOUT STOPPING AT A MODERATE PACE (120 STEPS PER MINUTE).

PROCEED TO ADVANCED PLAN WHEN READY FOR MORE CHALLENGE.

I CAN WALK FOR 30 MINUTES AND AM LOOKING FOR A CHALLENGE.

ADVANCED

WALK AT A FAST PACE FOR 30 MINUTES.

WORK UP TO WALKING 30 MINUTES WITHOUT STOPPING AT A BRISK PACE (140 STEPS PER MINUTE).

INCREASE CHALLENGE BY HIKING ON HILLS OR OTHER INCLINES.

INCREASE CHALLENGE BY WALKING FOR MORE THAN 30 MINUTES.

VIRTUALLY WALK THE **IRON BELLE HIKING TRAIL** →

WHILE YOU WON'T ACUTALLY TRAVERSE THE **1,259 MILE TRAIL**, YOU WILL PROGRESS VIRTUALLY ABOUT 30 MILES ON THE MAP FOR EVERY DAY YOU WALK!

TO START:

- MARK AN "X" IN A CIRCLE FOR EACH DAY YOU WALK.
- YOU CAN PROGRESS 5 CIRCLES OR 150 VIRTUAL MILES EACH WEEK.
- RECORD YOUR TOTAL MINUTES WALKED AND TOTAL DAILY STEPS ON THE WALKING LOG - ON THE BACK OF THIS FLYER.



PLEASE RECORD YOUR DATA FOR 4-8 WEEKS AND

RETURN THIS FORM TO EITHER THE COMMISSION ON AGING OR THE BELLAIRE VILLAGE OFFICES!

TO GET STARTED:

- EVERY DAY – RECORD THE TOTAL DAILY STEPS IN THE RECTANGLE (WHETHER YOU WALK THAT DAY OR NOT).
- FOR EACH DAY YOU WALK – WRITE THE NUMBER OF MINUTES YOU WALKED IN THE CIRCLE.



WEEK 1:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 2:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 3:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 4:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 5:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 6:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 7:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 8:

<input type="text"/>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY



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AVOID INJURY – WALK WITH SKILL

SKILLED FITNESS WALKING MEANS MOVING YOUR BODY IN A COMFORTABLE WAY. WALKING WITH POOR FORM CAN CAUSE DISCOMFORT, UNDUE FATIGUE, OR EVEN INJURY!

WALKING WITH GOOD FORM MEANS YOU CAN BREATHE EASIER AND AVOID BACK PAIN.

TALL BODY



- HOLD HEAD HIGH WITH EARS DIRECTLY ABOVE SHOULDERS
- MAINTAIN STRAIGHT BACK (DON'T LEAN FORWARD OR BACKWARD)
- KEEP CHIN LEVEL (DON'T JUT DOWN OR FORWARD)

ACTIVE ARMS



- RELAX ARMS (DON'T HUNCH)
- SWING ARMS WITH BENT ELBOWS
- HOLD HANDS NATURALLY (DON'T CLENCH FISTS)

LIGHT STEPS



- STRIKE SOFTLY ON HEEL
- PUSH OFF TOES
- MAINTAIN A NATURAL STRIDE LENGTH (A LONG STRIDE LENGTH CAN CAUSE INJURY)

PERFECT PACE



- INCREASE PACE BY TAKING QUICKER STEPS (DON'T TAKE LONGER STEPS)
- CHOOSE PACE:
- BEGINNER (SLOW PACE) 100 STEPS/MINUTE OR SLOWE
 - INTERMEDIATE (MODERATE PACE) 101-120 STEPS/MINUTE
 - ADVANCED (BRISK PACE) 121-140 STEPS/MINUTE



WALK MICHIGAN REGISTRATION, CONSENT AND DATA FORM

Walk Michigan is a free program that utilizes parks and trails to increase physical activity and improve physical and mental health.

Please complete all information below to register for and consent to the Walk Michigan program in your community.

Name: _____

Community: _____

Address: _____

E-mail address: _____

Phone #: _____

RELEASE AND WAIVER

I, the undersigned, hereby waive, release and forever discharge Michigan Recreation and Park Association (mParks), its contractors/representatives, and the Local Sponsoring Agency (LSA) from any and all responsibilities or liability from injuries, loss, or damages, including attorneys' fees, resulting from participation in the Walk Michigan program. I also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage, including those caused by the negligent acts or omissions or other misconduct of any of those mentioned or others acting on their behalf or in any way arising out of or connected with participation in any activities of Walk Michigan (a "Claim"). This release and waiver shall apply to ordinary acts of negligence, but shall not apply to willful or wanton acts/omissions or those of an intentional/criminal nature.

INDEMNIFICATION

I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for mParks, its contractors/representatives, and the LSA) from any Claim or expense, including court costs and attorney fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with a Claim.

Signature: _____ Date: _____



COMPLETE BEFORE PROGRAM BEGINS

Name (first name & last initial only): _____

Community: _____ Date: _____

PRE-PARTICIPATION QUESTIONNAIRE

In general, would you say your health is:

- excellent
- very good
- good
- fair
- poor

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good? _____

Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good? _____

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

PHYSICAL FITNESS ASSESSMENT PRE-PARTICIPATION RESULTS

CHAIR STAND

completed in 30 seconds

8-FOOT UP-AND-GO

time to nearest 1/10 of a second (e.g., 4.2)

signature of test administrator: _____ Date: _____



COMPLETE AFTER PROGRAM ENDS

Name (first name & last initial only): _____

Community: _____ Date: _____

POST-PARTICIPATION QUESTIONNAIRE

In general, would you say your health is:

- excellent
- very good
- good
- fair
- poor

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good? _____

Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good? _____

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

PHYSICAL FITNESS ASSESSMENT POST-PARTICIPATION RESULTS

CHAIR STAND

completed in 30 seconds

8-FOOT UP-AND-GO

time to nearest 1/10 of a second (e.g., 4.2)

signature of test administrator: _____ Date: _____