

COMMUNITY INDOOR

WALKING

PROGRAM



**RELEASE & WAIVER FORM**

By completing and submitting this form, I fully recognize that there are dangers and risks to which I may be exposed by participating in the above-referenced activity offered by the District. I complete and submit this “Release and Waiver” in full recognition and appreciation of the dangers, hazards, and risks of said activity, which dangers include but are not limited to, contagious diseases, physical injuries, and/or property loss or damage. I understand that the District does not require me to participate in this activity, but I desire to do so, despite the possible dangers and risks.

In signing this release, I agree to assume and take on all of the risks and responsibilities in any way associated with said activity. In consideration of, and in return for, services, facilities, and other assistance provided to me by the District in this activity, I release the District (and its governing board, employees, and agents) from any and all liability, claims, and actions that may arise from injury or harm to me, up to and including death, or from damage to or loss of property in connection with the activity. I understand this Release covers liability, claims, and actions caused entirely or in part by my acts or failures to act of the District (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the District.

I recognize that this Release means I am giving up, among other things, my rights to sue the District, its governing board, employees, and agents for injuries, damages, or losses incurred. I also understand this Release binds me and my heirs, executors, administrators, and assigns.

By completing and signing this form I acknowledge that I have read this entire waiver, fully understand it, and agree to be legally bound by it.

Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_