Waiver and Release of Liability

Please read each of the following statements carefully.

In this waiver, the term "Just Walk" refers to Just Walk! Inc. (d/b/a Walk with a Doc), its members, directors, trustees, officers, employees, agents, volunteers, sponsors, representatives, and any persons or entities whose property may be used as part of the Just Walk program.

- Just Walk is a non-competitive program designed to provide general health information and moderate physical exercise in a supportive group environment. I represent that I am in adequate physical condition to participate and that I have consulted my doctor or other health care provider as to any concerns I have regarding my ability to participate safely.

- I understand that Just Walk cannot guarantee my safety while participating in the program. I understand that participation in the program exposes me to certain risks, including the possibility of serious injury, illness or death, from, but not limited to: (i) traffic, falls and other hazards of walking in different settings, contact with animals, exposure to hazardous weather conditions, (ii) the possibility of walk or weather related injury, and (iii) exposure to communicable diseases (e.g., COVID-19) even if enhanced safety protocols are put into place. I hereby acknowledge and knowingly and voluntarily assume these risks.

- Medical and health information is given from time to time at Just Walk events. I understand that this information is being given in a public venue for general knowledge and is not intended to replace a personal consultation with my doctor or health care provider. I will consult my doctor or health care provider as to any personal health concerns.

- I understand that it is my responsibility to protect my property while attending Just Walk events and that Just Walk cannot be responsible for any damage to or loss of such property.

- I grant permission to Just Walk to use my name, any photographs, motion pictures, recordings, or any other record of my participation in the Just Walk program. I release any rights of privacy and/or compensation that I may have in connection with such use.

- I have read and carefully understand this waiver.

In consideration for my taking part in Just Walk, to the fullest extent permitted by law, I, for myself, my heirs, executors, administrators, successors, and assigns (collectively, "I"), release, waive, and hold harmless Just Walk from any and all liability, claims, demands, damages, costs, actions and causes of action with respect to death, injury, illness, loss of work, or property damage, however caused, arising out of or attributable to my participation in the Just Walk program, including claims of negligence. I covenant not to make or bring any such claim against Just Walk and forever release and discharge Just Walk from liability under such claims. If I violate this covenant, I shall pay all costs and fees, including attorney's fees, that Just Walk incurs arising out my violation of this covenant.

Participant's Signature, or Guardian's Signature if Participant is under the Age of 18.

PLEASE PRINT AND SIGN YOUR NAME ON THE "WALK WITH A DOC SIGN-UP SHEET" TO AGREE TO THESE TERMS

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.

WaLK WITH a DOC

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:

Topic:

Walk Date:

Total # of Walkers:

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