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 Danced with a Doc/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 attending or participating in the
 program. I understand that participation in the program exposes me to certain risks, including the
 possibility of serious injury or death, from, but not limited to: traffic, falls and other hazards of
 walking in different settings, contact with animals, exposure to hazardous weather conditions, and
 the possibility of walk or weather related injury or illness.
- 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 (Dance with a Doc!), I, for myself, my heirs, executors, administrators, successors, and assigns, 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 or property damage, however caused, arising out of my participation in the Just Walk program.

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



DANCE WALK WITH A DOC SIGN-UP SHEET

	Dance Date:	Topic:	Total # of Dancers:	
Name	Signature for Liability Waivers (attached) see note below (*)	Email	Newsletter	How did you hear about DWAD?
Rachael Habash	Rachael L. Habash	Rachael@walkwithadoc.org		Facebook, friend, doc, etc.
		=		

Please provide your name/email address and indicate if you would like to receive the National Newsletter.

* Note: By signing this form you agree to Dance with a Doc's terms and conditions (including the Center for Transformative Movement waiver and the Walk with a Doc waiver, both of which are attached), acknowledge the release/liability waivers; waive certain legal rights, and release the venue and its contractors from liability in connection with any personal injury you may incur. Please read these waivers and releases carefully. These documents are also available for review and are posted at www.dancewithadoc.org.