**AMENDMENT TO MARKETING AND LICENSING AGREEMENT**

THIS AMENDMENT TO MARKETING AND LICENSING AGREEMENTis entered into as of the date listed on the signature page hereto (the “Effective Date”) by and between Just Walk! Inc., an Ohio non-profit corporation (“Just Walk”), and the entity listed in Section 1 of this Agreement (the “Company”). Just Walk and the Company are sometimes referred to herein collectively as the “parties” or individually as a “party.”

**WITNESSETH:**

 WHEREAS, the Company and Just Walk previously entered into a Marketing and Licensing Agreement, under which Just Walk and the Company agreed to certain terms and conditions for organizing a free walking program (the “Agreement”); and

 WHEREAS, the Company and Just Walk now desire to amend the Agreement as set forth herein;

 NOW, THEREFORE, in consideration of the conditions, covenants and agreements contained herein, and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties agree to amend the Agreement as follows:

1. Company Information.

|  |  |
| --- | --- |
| Company Name: |  |
| State of Incorporation/Organization: |  |
| Territory: |  |
| Contact Name: |  |
| Contact Address: |  |
| Contact Email Address: |  |
| Contact Telephone Number: |  |
| Lead Physician Full Name: |  |

1. The Term of the Agreement shall commence on the Effective Date and shall continue for one year, unless earlier terminated pursuant to Section 5.
2. All terms and conditions of the Agreement not amended by virtue of this Amendment shall remain in full force and effect.

\*\*\*Signature Page Follows\*\*\*

The foregoing is executed by the duly authorized representatives of Just Walk and the Company as of the date first written below.

|  |  |
| --- | --- |
| **JUST WALK**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **COMPANY**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |

Walk Census

[ ]  I will complete the Walk Census below.

[ ]  I will ask our Chapter Leader to complete it at [walkwithadoc.org/census](https://walkwithadoc.org/census)

|  |  |
| --- | --- |
| How many walks did your chapter host in the past 12 months? |  |
| About how many people attend your walks on average? |  |
| Approximately how many healthcare professionals have helped lead your walks in the past 12 months? |  |
| Please outline your WWAD schedule for the next 12 months to the best of your ability (ongoing schedule, time, location). If you're resuming after a pause, please include your estimated re-start date. |  |
| Do you have any other updates for your [WWAD website](https://walkwithadoc.org/our-locations)? |  |
| Do you use the [WWAD Leader Portal](https://walkwithadoc.org/leader)? Is there anything else you’d like to see on it? |  |
| Is there anything WWAD HQ can do to help support you? |  |
| Walk with a Doc is completely free for Texas physicians thanks to the support of the [Texas Medical Association](https://www.texmed.org/wwad/). Please join us in thanking them by sharing what you've enjoyed about your WWAD experience. |  |
| Do you have any fun stories from walkers or walk leaders to share? |  |

NOTE: THIS INFORMATION IS NOT PART OF THE LEGAL DOCUMENT