PROGRAM: WalkMD

In consideration of the University of Maryland’s acceptance of my participation in the Walk MD program, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in fitness activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, spinal injuries, heat prostration, blindness, deafness, heart attacks, temporary or permanent disabilities, paralysis and, even, death.

2. I understand that the Walk MD program requires a minimum level of fitness for safe participation. I also understand that it is recommended that participants in fitness programs have a physical examination to determine their fitness level for participation. I further understand that the University of Maryland does not provide medical, health or other insurance for participants in Walk MD program.

3. Knowing the dangers, hazards and risks associated with participation in fitness walking activities, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the Walk MD program.

4. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Walk MD program, whether due to the negligence, default or other action or inaction of any person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name ___________________________ Date ___________________________

Signature ___________________________ Emergency Telephone: (____) ____________

University of Maryland Extension programs are open to all persons and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, or national origin, marital status, genetic information, or political affiliation, or gender identity and expression.