



Membership Release

I realize that walking involves some risk. I understand that I am responsible for consulting with my physician or health care practitioner before beginning any new diet or exercise program.

In consideration of the right to participate in the Mall Walkers program, I UNDERSTAND AND AGREE TO ASSUME ANY AND ALL RISKS ASSOCIATED WITH PARTICIPATION IN THIS PROGRAM. I HEREBY RELEASE AND AGREE TO HOLD HARMLESS RICHLAND MALL, AVITA HEALTH SYSTEM, RICHLAND PUBLIC HEALTH AND ITS AFFILIATED ENTITIES FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ARISING FROM OR RELATING TO ALL WALKING ACTIVITIES ORGANIZED, SPONSORED OR ENGAGED IN BY THE ABOVE-NAMED ORGANIZATIONS.

This is a legally binding document which I have read and understand. By signing below I agree to the Membership Regulations and Release.

Signature _____

Date _____



Mall Walker Program

Sponsored by:





Registration & Release Form

Date _____/_____/_____

Name _____

Address _____

Phone # _____

I would like to receive one monthly email with event updates and an exclusive retailer special.

Email _____

Birthday (month only) _____

Emergency Contact Name _____

Emergency Contact Phone _____

What's your vision of a mall walker program:

What day and time would you prefer to have a mall walker meeting?

