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# Ocala Family Medical Center

2230 Southwest 19th Avenue Road - Ocala, FL 34471 - phone(352) 237-4133

## **Waiver and Release of Liability**

for Just Walk / "WALK WITH A DOC" program  
and for Ocala Family Medical Center, Inc.

**Please read each of the following statements carefully.**

In this waiver, the term "Just Walk" refers to Just Walk!, Inc. and Ocala Family Medical Center, Inc., and their 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.

1. 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.
2. I understand that Just Walk cannot guarantee my safety while attending or participating in the program. I understand that participation in a walking program exposes me to risks such as walking-related injury, traffic injury, injury due to falls and other hazards from walking in different settings, and exposure to hazardous weather conditions and weather related illness.
3. 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.
4. 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.
5. 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.
6. I have read and carefully understand this waiver.

**In consideration for my taking part in Just Walk, I, for myself, my heirs, executors, administrators, successors, and assigns, release, waive, and hold harmless Just Walk and Ocala Family Medical Center, Inc. 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 Printed Name**

\_\_\_\_\_  
**Signature** (parent or legal guardian if participant is under 18 years of age)

Please write your **EMAIL ADDRESS** if you wish to receive JUST WALK /WALK WITH A DOC newsletter containing information on upcoming program events:

Email: \_\_\_\_\_

Cell / Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

