

TOPS Club, Inc. – Walk/Activity Waiver

This document must be signed by each individual participating in a walk or physical activity hosted or sponsored by a local chapter of TOPS Club, Inc. Under no circumstances is anyone to be permitted to participate in the walk or activity unless they have signed this waiver in advance of its start time.

Walk/Activity Name or Description: _____

Location of Walk/Activity: _____

Date of Walk/Activity: _____

Waiver must be signed before walking or exercising!

I know that participating in an exercise event is a potentially hazardous activity and should not be undertaken unless I have consulted my physician. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with exercise in this event, including but not limited to falls, muscle pulls, muscle cramps, muscle strains, shortness of breath, light headedness, dizziness, or contact with any other participants, or people at the event location, the effect of the climate including high heat and/or humidity, and the condition of the event location, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself, and for my heirs, executors, and assigns, waive and release TOPS Club, Inc., all agents, producers, employees, volunteers, and sponsors of this exercise event and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission, without compensation, to all of the foregoing to use any photographs, motion picture, or record of this event for any legitimate purpose.

Print Name Carefully Here: _____

Signature: _____ Date / /

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