



# Release of Responsibility

Name: \_\_\_\_\_  
*Printed Name of Participant*

1. I understand that my participation in the walking program offered by Sarasota Memorial Health Care System at Westfield Sarasota Square is strictly voluntarily and that I may withdraw my participation at any time.
2. I understand that it is my responsibility to ensure that I am free of any medical conditions including but not limited to existing physical injuries or limitations that would prohibit my participation in the walking program and act accordingly.
3. I further understand that it is my responsibility should there be any changes in my health or medical condition that would restrict or modify my participation in the walking program to cease my participation in this program.
4. I am aware that there neither is nor will be any supervision or instruction and therefore I am participating in this program at my own risk. I further acknowledge that I have had the opportunity to ask questions about the walking program which have been answered to my satisfaction.

By my signature below, I agree that I have read this form and further agree to hold the Westfield Sarasota Square, Sarasota Memorial Health Care System, its employees, or its affiliates, harmless and free of all claims arising out of any loss, injury or damages including death which may occur as a result of my participation in the voluntary walking program offered by Sarasota Memorial Health Care System at the Westfield Sarasota Square. I understand that this agreement is binding on my heirs, successors or assigns.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Witness*





# Release of Responsibility for Families

1. I understand that my or my child’s participation in the walking program offered by Sarasota Memorial Health Care System at Westfield Sarasota Square is strictly voluntarily and that I may withdraw my or my child’s participation at any time.
2. I understand that it is my responsibility to ensure that my child and/or I are free of any medical conditions including but not limited to existing physical injuries or limitations that would prohibit my or my child’s participation in the walking program.
3. I further understand that it is my responsibility should there be any changes in my or my child’s health or medical condition that would restrict or modify my or my child’s participation in the walking program that I will discontinue participation in this program.
4. I am aware that there is NO supervision or instructions associated with this program and understand that I am participating in this program at my own risk. I further acknowledge that I have had the opportunity to ask questions about the walking program which have been answered to my satisfaction.

By my signature below, I agree that I have read this form and further agree to hold the Westfield Sarasota Square, Sarasota Memorial Health Care System, its employees, or its affiliates, harmless and free of all claims arising out of any loss, injury or damages including death which may occur as a result of my participation in the voluntary walking program offered by Sarasota Memorial Health Care System at the Westfield Sarasota Square. I understand that this agreement is binding on my heirs, successors or assigns.

Printed Name of Participant	Age	Signature of Participant or Legally Authorized Representative	Date