



Exercise Liability Waiver/Informed Consent Form Brainiac Walking Challenge

I, _____, have voluntarily enrolled in a walking program offered by Tracey Shadday, MPH, CHES, CHWC. I understand that any exercise or fitness activity involves a risk of injury as well as changes in blood pressure, fainting and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation, I hereby waive and release Tracey Shadday from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated, arising from my voluntary participation.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness/exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to beginning this walking program, I hereby agree that I am doing so solely at my own risk. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate.

I acknowledge that I have thoroughly read this form in its entirety and fully understand it. I understand that it contains a release of liability. By signing this document, I am waiving certain rights I or my successors might have to bring a legal action or assert a claim against Tracey Shadday.

_____ (Participant Signature)

_____ (Date)