University of Maryland
Walk for Wellness
Release and Informed Consent Statement

In consideration of the University of Maryland’s acceptance of my participation in the Campus Recreation Services (CRS) Walk for Wellness program, including the use of CRS facilities and equipment, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand that participation in this program is not part of the academic curriculum or job requirements of the University and is completely voluntary on my part.

2. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in fitness activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, spinal injuries, heat prostration, blindness, deafness, heart attacks, temporary or permanent disabilities, paralysis and, even, death.

3. I understand that the Walk for Wellness program requires a minimum level of fitness for safe participation. I also understand that Campus Recreation Services advises that participants in fitness programs have a physical examination to determine their fitness level for participation. **I further understand that the University of Maryland does not provide medical, health or other insurance for participants in CRS programs.**

4. Knowing the dangers, hazards and risks associated with participation in fitness walking activities, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the Walk for Wellness program and the use of CRS facilities.

5. I agree to abide by all rules and regulations applicable to participation in the Walk for Wellness program and use of CRS facilities.

6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Campus Recreation Services, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the CRS Walk for Wellness program or use of CRS equipment or facilities, whether due to the negligence, default or other action or inaction of any person or entity.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

___________________________________________
Name of Participant (Please Print)

___________________________________________
Team Name

___________________________________________
Signature of Participant

___________________________________________
Date

Revised January 2010