



## Liability Waiver to Participate in WalkWorks\*

**This document is to release the Pennsylvania Department of Health, the University of Pittsburgh, and all contracted organizations, including (name of community-based partner), from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against these organizations which may arise from such activities.**

It is not possible to identify all potential risks of walking. By signing this, I acknowledge that I know that walking is a potentially hazardous activity; I should not enter a beginning walking program unless I am medically able and have consulted with my physician either in person or via telephone. I acknowledge that falls, contact with other participants, the effects of weather, and the condition of the track, trail, or street are all risks known and appreciated by me.

As a participant in WalkWorks, I voluntarily give my consent and agree to this release form of responsibility, assumption of risk, and waiver.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's full name (print) \_\_\_\_\_

\*Adapted from Hastings and Prince Edward Counties Health Unit's Be Active Club Liability Waiver, 2015