

**Informed Consent and Liability Release for
Participation in a Walking Program**

I, _____, am voluntarily participating in the Darien Steppers walking program organized by At Home In Darien.

I recognize that the program involves physical activity including, but not limited to, walking.

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 in this exercise program.

I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by At Home In Darien, the Town of Darien or any coordinator of the program.

In consideration of my participation in this program, I hereby release At Home In Darien, the Town of Darien and any coordinator of the program and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release At Home In Darien, the Town of Darien and any coordinator of the program from any liability now or in the future for conditions that I may obtain.

These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to feet, or any other illness or soreness that I may incur, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Signature

Printed Name

Date: