



Doylestown Hospital Walk with a Doc (and Pet)

Waiver and Release of Liability

Please read the following statement carefully.

"JUST WALK" refers to Just Walk! Inc. (d/b/a Walk with a Doc), its members and associates whose property may be used as part of the Just Walk Program. Just Walk is a non-competitive program designed to provide general health information and moderate physical exercise in a supportive group environment.

If I am participating in this Walk with a Doc and bringing my pet(s), I represent that my dog is, in all respects, healthy and has received all required vaccines (DHPPC, Rabies, and Bordetella for dogs). My pet does not suffer from any disability, illness, or behavior which would not allow it to walk with a group or which could endanger another participant. I certify that my pet has never harmed or threatened anyone, including any other pets. I understand and agree to be solely responsible for any and all medical costs due to harm or injuries to humans or other pets caused by my pet. I understand that if my pet displays aggressive behavior, for the safety and health of my pet and others, I may be asked to leave the walk and be unable to have my pet participate in any future event of this kind.

I also agree to hold Doylestown Hospital and its employees and corporate affiliates harmless in the event of unforeseen incidents while my animal is participating this Walk with a Doc. I understand and agree that Doylestown Hospital and its employees and corporate affiliates do not accept or assume liability for any accident, escape, injury or death of my animal at any time while participating in the Just Walk Program.

If I am participating in this Walk with a Doc, but NOT bringing a pet, I acknowledge there is an inherent risk of injury or illness in participating in any physical activity, including walking. I also understand that there are risks associated with walking with numerous dogs. These risks include, but are not limited to, injuries from tripping, falling or those resulting from one or more dogs fighting, biting, rough play, or from canine-borne diseases.

Knowing and accepting these inherent risks and dangers, I agree to hold Doylestown Hospital, its employees and corporate affiliates harmless as a result of any claim or lawsuit arising from any injury, illness, or damage, irrespective of the cause. I am solely responsible for any such injury illness, or damage and agree to indemnify and release Doylestown Hospital and its employees or corporate affiliates for all damage, costs, legal fees, and business losses resulting from any claim or potential claim.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____