

Steps 2 Health

Registration form*

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

DOB: ____/____/____ Male: __ Female: __

E-mail: _____

(Please remember to sign the back of this form)

By providing my e-mail address, I authorize Mercy to send me program updates, reminders and related information by e-mail. Return completed form to Steps2Health, Mercy Medical Center, 701 10th Street, Cedar Rapids, IA 52403.

Note: If you are currently under care for any medical conditions, please check with your physician before beginning any exercise program.

CONSENT, WAIVER AND RELEASE

Print Name of Participant: _____

I consent to participate in the above-described activity (“Activity”), which is a walking program developed by Mercy Medical Center, Cedar Rapids, Iowa (“Mercy”) in collaboration with Westdale Mall, Lindale Mall, the Cedar Rapids Parking Division, Cedar Rapids Downtown District and the Linn County Trails Association. I do not have any physical limitations, medical ailments, physical or mental conditions that would limit or prevent me from participating in the Activity. I understand that participation in the Activity is voluntary.

*An online registration form is also available at www.mercycare.org.

By signing this Consent, Waiver and Release, I expressly and willingly agree to assume complete responsibility for any injury to my person that may arise in connection with my participation in the Activity. On behalf of myself, my heirs, assigns and next of kin, I hereby waive all damages against Mercy Medical Center, Westdale Mall, Lindale Mall, the Cedar Rapids Skywalk, Cedar Rapids, Iowa, its officers, trustees, employees and agents, that may be incurred in relation to my participation in the Activity and I further release, acquit and forever discharge Mercy Medical Center, Westdale Mall, Lindale Mall, the Cedar Rapids Skywalk, its officers, trustees, employees and agents, from any and all liability for all claims, demands and causes of action of every nature whatsoever that I may have or ever claim to have, in connection with my participation in the Activity, all in consideration of my being allowed to participate in the Activity.

I further agree, on behalf of myself, to abide by all the rules and regulations as hereinafter amended or supplemented, established by the Owner and Managing Agent of Westdale Mall, Lindale Mall, and the Cedar Rapids Skywalk applicable to the authorized use of the Premises, and agree that my use of the Premises may be canceled at any time, without prior notice or warning and I disclaim any recourse in the event of such cancellation and agree to immediately vacate the Premises upon request.

I give consent for my photo or likeness to be used in promotional stories, advertisements and /or marketing materials made for Mercy Medical Center in which I (or the person named below, for whom I am giving consent) am included.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS CONSENT, WAIVER AND RELEASE. I HAVE SIGNED THIS CONSENT, WAIVER AND RELEASE VOLUNTARILY, UNDER NO DURESS, BASED UPON MY OWN JUDGMENT AND WITHOUT ANY PROMISE OR INDUCEMENT BEING COMMUNICATED TO ME. I UNDERSTAND AND CONFIRM BY SIGNING THIS CONSENT, WAIVER AND RELEASE THAT I HAVE GIVEN UP FUTURE LEGAL RIGHTS. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW.

Participant: _____

Date: _____

(Parental signature required if under age 18) Date

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