

**Gilford Parks and Recreation
2022-23 Senior Strides Walking Program**

Name: _____

Address: _____

Telephone: _____ E-Mail _____

In case of emergency, contact: Name _____

Telephone # _____

Please list any medical/health problems _____

This program is geared towards Senior Adults; to include wheelchair and walker and/or cane users, to promote some fitness as a part of their lifestyle, to educate, to inform, and to encourage the participation of individuals in walking activities within their own individual capacities. The program will focus on walking and socialization. Distances and paces may increase slowly and gradually. Participants are encouraged to progress at their own pace.

Release Form Liability

By signing below, I am accepting the assumed risk to participate in the Senior Strides Walking program sponsored by the Gilford Parks and Recreation Department. I understand that this program will take place indoors on floors that may be wet and/or slippery. I understand that walking is physical activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I understand that by participating in the above-mentioned program I accept all risks inherent to said activity. I also understand that participating in the Senior Strides Walking program may subject me to exposure to the COVID-19 virus. I do hereby release the Gilford Parks and Recreation Department or GYC, their staff and any volunteers assisting with this program from any liability arising out of any injury, which I may suffer during the normal course of the above-mentioned program. I understand that my photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or facebook page.

Participant's Signature

Date