

# Physical Liability Waiver



Canadian Mental  
Health Association  
Ontario

I have enrolled in a walking group offered through \_\_\_\_\_ . I recognize that there is some risk involved in participating in a physical activity program. I acknowledge that my enrollment and subsequent participation is purely voluntary.

In consideration of my participation in this walking group, I hereby release \_\_\_\_\_ , the program and its agents from any claims, demands, and causes of action because of my voluntary participation and enrollment.

I fully understand that I may injure myself because of my enrollment and subsequent participation in this program. I hereby release \_\_\_\_\_ and its agents from any liability for conditions should I fall, trip, or obtain any physical injury from participating in the walking program. This includes, but is not limited to, muscle soreness, muscle pulls, injuries, or other illnesses that may occur now or in the future.

I hereby affirm that I have read and fully understand the above statements.

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Participant's Name — Please Print

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Participant's Signature

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Date