

Waiver and Release of Liability

Please read each of the following statements carefully.

In this waiver, KCH refers to Boundary Regional Community Health Center dba Kaniksu Community Health, its directors, officers, employees, agents, volunteers, representatives, and any persons or entities whose property may be used as part of the walking program.

- KCH's walking program is a non-competitive program designed to provide general health information and moderate physical exercise in a supportive group environment. I represent that I am in adequate physical condition to participate and that I have consulted my doctor or other health care provider as to any concerns I have regarding my ability to participate safely.
- KCH cannot guarantee my safety while attending or participating in the program. I understand that participation in the program exposes me to certain risks, including the possibility of serious injury or death, from, but not limited to: traffic, falls and other hazards of walking in different settings, contact with animals, exposure to hazardous weather conditions, and the possibility of walk or weather-related injury or illness.
- Medical and health information is given from time to time at KCH walking events. I understand that this information is being given in a public venue for general knowledge and is not intended to replace a personal consultation with my doctor or health care provider. I will consult my doctor or health care provider as to any personal health concerns.
- I understand that it is my responsibility to protect my property while attending KCH walking events and that KCH cannot be responsible for any damage to or loss of such property.
- I have read and carefully understand this waiver.

In consideration for taking part in the KCH walking program, I, for myself, my heirs, executors, administrators, successors, and assigns, release, waive, and hold harmless KCH from any and all liability, claims, demands, damages, costs, actions and causes of action with respect to death, injury or property damage, however caused, arising out of my participation in KCH's walking program.

Participant's Signature (or guardian's signature if participant is under the age of 18)

Date

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Administration

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