

WALK/HIKE/BIKE WITH DOC RELEASE FORM

By accepting the invitation of Cornerstone Primary Care to participate in a “Walk”, “Hike” or “Bike with Doc”, I agree, and if I am under 18 years old, my parent or legal guardian agrees for me and for him or her, as follows:

1. Release. We each hereby release, covenant not to sue, and discharge Cornerstone Primary Care and the members, officers, owners, and agents of each (collectively, "Releasees") from (a) any claim in respect of the conduct of this event, and (b) any and all liabilities, claims, damages, injuries, costs and expenses (including attorneys' fees) from or due to any personal injury to me or others, or damage to property owned by me or others, which injury or damage may arise in any connection with this event, and any goods or services provided to me or others, whether such injury or damage is caused by the active or passive negligence of Releasees or otherwise.

2. Indemnity. We each hereby agree to indemnify and hold harmless Releasees (as defined above) and each of them from and against any and all liabilities, obligations, claims, damages, injuries, losses, costs and expenses (including attorneys' fees) from or due to any personal injury to me, members of my household or family (“Attendees”), or damage to property owned by any Attendee, which injury or damage may arise in any connection with this event, and any goods or services provided to any Attendee, whether such injury or damage is caused by the active or passive negligence of Releasees or otherwise.

I UNDERSTAND THAT THIS IS A GUEST RELEASE & INDEMNITY AGREEMENT.

Name of Guest: _____

Address: _____

Signature: _____ **Date:** _____

Note: Participants under 18 years old must have the signature of a parent or legal guardian for this Release and Indemnity Agreement to be valid.

Accepted and Agreed (for guests under the age of 18 years old):

Name of Parent or Legal Guardian: _____

Signature: _____ **Date:** _____

