



We're here for you

Clarendon County 10,000 Steps Walking Club Agreement

I request to be a member of the 10,000 Steps Walking Club. I am aware of the risks involved in walking and in other physical fitness programs, especially in the presence of an undiagnosed illness. I will follow all necessary instructions and guidelines of the program.

By signing this agreement, I release Clarendon Health System, and others working with the system, of all liability and/or responsibility whatsoever due to harm, accident or acute illness that may arise during the course of my participation in the exercise program and/or actual use of the facility.

As a member of the walking club, I will:

1. Obtain permission from my physician to participate in the program.
2. Exercise at my on pace and personal capability.
3. Be present and participate to the best of my ability.
4. Opt to pay fees to The Zone to receive a pedometer, t-shirt or any other items associated with The Walking Club.

Print Name

Address

City, State & Zip

E-mail Address

Daytime Phone Number(s)

Member Signature

Date