

## Participation Release Form

Please complete all sections and print clearly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**This section is optional. This information is gathered to measure the audiences the Arthritis Foundation is reaching and serving.**

**I would like more information about the Arthritis Foundation:** ☐ Yes ☐ No

**Do you have arthritis?** ☐ Yes ☐ No

**If yes, please select which type:**

- ☐ Osteoarthritis (OA)    ☐ Rheumatoid Arthritis (RA)    ☐ Psoriatic Arthritis (PsA)    ☐ Gout  
☐ Axial Spondyloarthritis (AxSpA)    ☐ Juvenile Arthritis (JA)    ☐ Other

**Ethnic Background:**

- ☐ White    ☐ Hispanic or Latino    ☐ Black/African American    ☐ Asian  
☐ American Indian or Alaska Native    ☐ Native Hawaiian or Pacific Islander  
☐ Middle Eastern or North Africa    ☐ Other

**Gender Identify:** ☐ Male    ☐ Female    ☐ Nonbinary    ☐ Prefer Not to Answer

**What is the highest level of education completed?**

- ☐ Less than high school    ☐ High school diploma/GED    ☐ Some college  
☐ 4 year college degree    ☐ Graduate degree

**How did you find out about this program?**

- ☐ Email    ☐ E-Newsletter    ☐ Social Media    ☐ Arthritis.org  
☐ Arthritis Foundation Helpline    ☐ Friend    ☐ Physician  
☐ Other: \_\_\_\_\_

Please review the waiver on Page 2, sign and date.

## Waiver/Release

I am over the age of 18 and I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in this Arthritis Foundation Walk With Ease program. I understand and agree that there are risks, both foreseeable and unpredictable, associated with any active event. I am aware of these risks and agree that my participation is at my own risk. (2) In consideration of my application to participate in the Arthritis Foundation Walk With Ease program being accepted, I, on behalf of myself, my heirs and assigns and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I acknowledge that the risk assumed could include series injury and/or death. (4) I acknowledge that the responsibility is on me, the participant, to report ay personal physical conditions that could impact my participation and to report any personal physical condition that could impact my participation and to report any unsafe conditions that I may encounter to a responsible party. I understand that this waiver has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

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Print Name

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Signature

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Date

I, serving as the parent/guardian of the below listed minors (under the age of 18) hereby certify the following on their behalf: (1) I am physically fit and have received medical clearance to participate in the Arthritis Foundation Walk With Ease program. (2) In consideration of my application to participate in the Arthritis Foundation Walk With Ease program being accepted, I, on behalf of myself, my heirs and assigns and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation.

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Minor Name

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Parent/Guardian Name

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Parent/Guardian Signature

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Date