

Informed Consent and General Release of Liability

I desire to participate in the **Stroke Walk** at Baptist Health Medical Center – Little Rock. I understand, fully appreciate, and am willing to accept the dangers, hazards, and risks inherent in participating in this activity including, but not limited to, the possibility of injury (including serious injury) illness, and property damage. Possible injuries may include muscle strains, muscle tears, broken bones, injuries to knees, injuries to back, injuries to foot, and more.

I understand that I am not required to participate in the **Stroke Walk** and that I am doing so voluntarily, despite the known dangers, hazards, and risks, including but not limited to uneven areas, changing elevation, raised sidewalks, tree limbs/roots, and other conditions in an outdoor environment.

I hereby affirm that I have no health-related conditions that preclude or restrict my participation in **Stroke Walk**. I also affirm that I have adequate health insurance to provide and pay for any medical costs incurred as a result of my participation in the **Stroke Walk**.

I am not relying on Baptist Health to supervise or control my participation in the **Stroke Walk**, or to warn me of every possible danger associated with it. I understand that I am solely responsible for my own skills and abilities to participate safely in the **Stroke Walk**. I hereby accept all dangers, hazards, and risks that may result from my participation in the **Stroke Walk** and I hereby release Baptist Health, its employees and agents from any and all claims, suits and expenses for loss of or damage to my property or any illness or injury to me that may result from or occur during my participation in **Stroke Walk**, whether caused by negligence of Baptist Health, its employees or agents, or otherwise to the fullest extents by law.

I further agree to indemnify and hold harmless Baptist Health, its employees and agents, from all liability, claims, suits, and expenses that may arise out of my own negligent or intentional acts or omissions, while participating in the **Stroke Walk**, and I assume full responsibility for my own actions.

I HAVE CAREFULLY REVIEWED THIS “INFORMED CONSENT AND GENERAL RELEASE OF LIABILITY” AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THIS ACTIVITY.

Signature: _____ Date: _____

Witness: _____ Date: _____