



GRAHAM WALKS FALL 2025

TO REGISTER SEPTEMBER 1 - 30, 2025:

TURN THIS FORM INTO THE GRAHAM RECREATION CENTER OR REGISTER ONLINE AT
WWW.GRAHAMRECREATIONANDPARKS.COM



NAME:

BIRTH DATE & AGE:

CELL:

EMAIL:

ADDRESS:

CITY & ZIP:

T-SHIRT SIZE:

CONSENT AND LIABILITY WAIVER

I acknowledge and understand that I am voluntarily participating in Graham Walks, and that my participation is not required by anyone. I understand that it is recommended that I have a physical exam and consult my physician before participating in strenuous activity. I further agree to hold harmless all program sponsors from any loss liability, damage or cost that may occur due to participating in this activity.

Participant Signature: _____ Date: _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people. The City of Graham, NC (City), has enacted preventative measures to reduce the spread of COVID-19; however, the City cannot ensure that you, or any other person, will not become infected with COVID-19. Further, attending City sponsored activities and participating in City programs could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending City activities and participating in City programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that there is a risk of becoming exposed or infected by COVID-19 at City activities and/or participation in City programs.

I voluntarily agree to assume the risks and accept sole responsibility for any injury to myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my attendance at City activities and/or participation in City programs. On my behalf, I hereby release, covenant not sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Participant Signature: _____ Date: _____

GRAHAM WALKS FALL 2025: OCTOBER 1- NOVEMBER 5, 2025 (5 WEEKS)