

THE MALL walkers

Membership Application

Name: _____
First *Last*

Home Address: _____

City: _____ Zip: _____

Phone: (____) _____ - _____ Birthdate: ____/____/____

Sex: Male Female

E-Mail Address: _____@_____

- Check this box if you DO NOT want to receive e-mail regarding the Mall Walkers and member-only specials.

Membership Regulations

- The Mall is open at 7am for the Mall Walkers. Anyone who is not contracted to be in the mall prior to 7am will be asked to leave for safety and security purposes.
- The Mall is a public place and everyone must abide by the Rules of Etiquette set forth by The Mall at Robinson and its affiliates.

Membership Release

I realize that walking involves some risk. I hereby waive and release The Mall at Robinson and its affiliated partners from any and all liability injuries, losses or claims arising out of or relating to all walking activities organized, sponsored or engaged in by the aforementioned organizations. Consult with your physician or health care practitioner before beginning any new diet or exercise program.

By Signing Below I agree to the Membership Regulations and Release.

Signature

Date