



REGISTRATION FORM

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

In Case of Emergency Please Notify:

Name: _____

Phone Number: _____

Please notify me of upcoming events and activities



Willowbrook Mall Release and Agreement

I, _____ in consideration of being allowed to participate in the Willowbrook Mall Walker's Program being administered by Chilton Memorial Hospital *New Vitality* for the duration of my membership with this program do hereby release and forever discharge the owner and General Growth Properties, Inc. their affiliates, officers, directors, agents, employees, shareholders and assigns from any and all claims, demands, causes of actions, suits, damages costs and expense for any and all personal injuries, loss of time, pain and suffering or property damage arising out of or occurring in connection with my participation in this program.

I recognize and acknowledge that my participation in the program is solely at my own risk. I acknowledge that my participation in the program may expose me to risk of injury or possible death. I further understand that this Waiver and Release is absolute to all claims, demands, causes or actions, suits damages, costs, and expenses which may arise as a result of my injury or death or as a result of any property damage which could occur while I am participating in this program.

I further agree to abide by all the rules and regulations of the mall now existing as hereinafter amended or supplemented, established by Owner and Managing Agency applicable to the authorized use of the Premises and agree that my use of the Premises may be cancelled at any time, without prior notice or warning. I disclaim any recourse in the event of such cancellation and agree to immediately vacate the premises upon request.



I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY ME AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH.

SIGNED THIS _____ day of _____ 20____.

Signature

Print Name