



7100 Stadium Drive  
Kalamazoo, Michigan 49009  
(269) 345-0273 Phone  
(269) 345-8522 Fax  
[www.CentricaCare.org](http://www.CentricaCare.org)

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## Grief Walkers Waiver and Release Form

As a participant in Centrica Care Navigators' Grief Walkers program (the "Program"), I understand, acknowledge, and accept that participation in the Program entails known and unknown risks that may result in physical or other injury, illness, death, or loss/damage to personal property.

Such risks may include but are not limited to those commonly associated with being outdoors, such as tripping, falling, insect bites and stings, dropping personal property, weather related injuries, or any other foreseen or unforeseen injuries and/or damages.

I expressly assume the risk of injury and/or damages and will indemnify and hold harmless, covenant not to sue, and release Centrica Care Navigators from any and all claims for injury and/or damages arising from my participation in the Program.

I agree to comply with all safety rules, exercise caution, and not exceed my physical limitations and/or health conditions.

I agree to respect all other Program participants (if any) and all Centrica Care Navigators staff and/or volunteers during my participation in the Program.

By signing below, I acknowledge that I have read, understand, and agree to the above terms.

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**Signature**

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**Date**

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**Printed name**