**ARUNDEL MILLS MALL WALKING PROGRAM**

**RELEASE OF ALL CLAIMS**

**Read Carefully:**

I, (name of mall walker), will participate in the UM Baltimore Washington Medical Center mall walking program at Arundel Mills on mornings before regular business hours. In exchange for being permitted to participate, I understand and agree to the following:

* I am voluntarily participating in mall walking which involves a risk of injury to myself and to the other participants. I am aware of the risk of injury and accept full responsibility for any injuries that I may sustain while participating.
* I acknowledge that I have inspected and examined the Shopping Center premises and all improvements and equipment related thereto and found same to be free from any unreasonably dangerous defects and conditions. I am aware of the risk of injury and accept and assume responsibility for any injuries that I may sustain while mall walking including, but not limited to, falls, contact with people or animals on the walking area, and the condition of the walking areas, all such risks being known and appreciated by me.
* I am aware that mall walking occurs before the mall opens for regular business.

Maintenance personnel may be cleaning and working in the mall common areas and there may be wet areas on the floor, electrical cords, tools, or equipment and other similar hazards. During cold weather, maintenance may not have been able to clear snow and ice from the parking lots and sidewalks. I am also aware that there are fewer security personnel patrolling the mall and parking lots, since the mall is not open for business. Furthermore, I am aware that all of the lights may not be on while I am walking at the mall. I knowingly accept the risks associated with these and other conditions that I may encounter at the mall and will exercise appropriate care required for my own safety.

* I, for myself, and for my heirs, executors, and assigns, hereby waive, release and forever discharge Arundel Mills, Simon Property Group, Inc., Simon Property Group L.P., Arundel Mills Limited Partnership and Baltimore Washington Medical Center, and their respective owners, partners, shareholders, officers, directors, principals, parents, subsidiaries, affiliates, related entities, agents, servants, employees, contractors, subcontractors, tenants, administrators, successors, heirs, and assigns from any and all claims and liabilities of any kind and nature whatsoever resulting from my participation in mall walking at Arundel Mills.

**I have read this entire document and I understand that by signing my name below I give up every right I may have for any claims resulting from my participation In mall walking on mornings before and during regular business hours.**

Name (Print) (signature)

Address Emergency Contact Name & Phone No. Phone