

Name of Event/Program: Exercise Classes 2018

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

**What is your connection to Parkinson disease?**

I have a diagnosis of Parkinson disease     Family member     Friend     Other \_\_\_\_\_

**Please let us know if you are interested in the following resources:**

- I would like to receive a free Welcome Package from the Greater St. Louis Chapter  
 I would like to receive free quarterly newsletters from the Greater St. Louis Chapter  
 I would like to share my contact information with the American Parkinson Disease Association national office

This event/program may involve activities which can include risks such as, but not limited to, physical injury due to activity-related accidents, falls, illness, interaction with other participants, effects of weather, and traffic and other conditions of the road. In consideration of being allowed to participate in this event/program, I hereby assume all risks, including bodily and personal injury, property loss, and any other damages of any kind arising in any way out of my participation in this event/program and related activities.

By signing this Participant Waiver & Consent, I represent that I am in good health, and in proper physical condition to participate in this event/program, and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other conditions which would make it difficult or unsafe to continue.

I, for myself, and my heirs, executors, and administrators, hereby agree not to sue and to release, waive, and hold harmless, the American Parkinson Disease Association ("APDA"), its affiliates/chapters and each of their officers, directors, volunteers, employees, sponsors, or agents, from any and all liability, claims, demands, and causes of action whatsoever, arising from, or in any way related to, my participation in this event/program and related activities.

I hereby grant full permission for APDA to use, reproduce, publicly display, publicly perform, and publish my name and image as a participant in photographs, videos, and other recordings ("Images") for promotional purposes. I expressly release and hold harmless APDA and its officers, directors, volunteers, employees, sponsors, or agents from any and all claims which I have or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Images.

This Participant Waiver & Consent shall be broad and inclusive to the extent permitted under the State or Province law in which this event/program is conducted. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

**I have read, understand, and agree to the terms of this Participant Waiver & Consent.**

Participant Name: \_\_\_\_\_  I am 18 years of age or older

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant is a minor, the parent or guardian must agree to the below:** I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing Participant Waiver & Consent agreement, and I hereby agree on behalf of myself and Participant to the terms herein.

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Guardian's Name (if Participant is under 18 years of age)

Relationship to Participant

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Guardian's signature (if Participant is under 18 years of age)