



## WAIVER OF PEP4U LIABILITY

I hereby understand and acknowledge that my participation in the training, programs and events held by the Parkinson Exercise Program for Wellness (PEP4U GYM) and its National Parkinson Foundation of Orange County Chapter umbrella organization may expose me to inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, effects of acts of nature, including high heat and all other such risks being known and appreciated by me.

I am physically fit, and mentally capable of performing the physical wellness activity I choose to participate in. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with my participation in such activity.

Having read this waiver and knowing these facts, and in consideration of acceptance of my participation in the PEP4U GYM activities, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the PEP4U GYM, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the PEP4U GYM training, programs and/or events.

I have read and understand this Waiver and release of Liability and voluntarily agree to its terms.

Name (Please PRINT): \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_

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

I am here for PD Participant (Please PRINT NAME), \_\_\_\_\_ Phone # \_\_\_\_\_

*(This "Green" form is to be filled out by caregivers or companions of PD participants who may attend and/or avail themselves of PEP4U programs.)*