

# Registration for Participation in Parkinson's Exercise Programs For You (**PEP4U**)

Mailing address: 32565 B Golden Lantern, Suite #194, Dana Point, CA 92629

Name (print BIG): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Diagnosis: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address  
Street: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Ph#: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of attendant/caregiver: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician/ Neurologist: \_\_\_\_\_ Phone #: \_\_\_\_\_

My Primary Care Physician or Neurologist is aware of my participation in PD physical fitness activities: Yes \_\_\_\_ No \_\_\_\_

Today's Date: \_\_\_\_\_

## WAIVER

I choose to participate in the Parkinson's Exercise Programs For You ("PEP4U") of my own free will and choice.

I rate my movement control as follows (check one):

Very good (totally independent) \_\_\_\_\_; Fairly Good (somewhat independent) \_\_\_\_\_; Need Help \_\_\_\_\_;

I do not expect nor ask for special benefits beyond those available to any participant in a routine exercise program. In consideration of my use of exercise equipment and facilities provided by PEP4U and any supporting organization hosting PEP4U programs ("Affiliate Organizations"), I expressly agree and contract, on my behalf, my heirs, executors, administrators, successors and assigns that the insurers, employees, officers, directors, associates, instructors and volunteers of PEP4U and Affiliate Organizations shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the facilities' premises and/or equipment, or as a result of my participation in the exercise programs, whether such instruction is given at location or online. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release PEP4U and Affiliate Organizations, and discharge the organizations, their insurers, employees, officers, directors, associates, instructors and volunteers from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising from the use of said equipment and facilities. I understand and acknowledge that the use of exercise equipment and the facilities involves risk of serious injury, including permanent disability and death.

I expressly agree to indemnify and hold PEP4U and Affiliate Organizations, and their insurers, employees, officers, directors, associates, instructors and volunteers harmless against any and all claims, demands, damages, rights of action, or causes of action of any person or entity, that may arise from injuries or damages sustained by me.

I agree to comply with all rules imposed by PEP4U and Affiliate Organizations including their staff, instructors and volunteers regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times and to refrain from using any equipment or facilities in a manner inconsistent with their intended design and purpose.

I authorize PEP4U to use my name or photographs/ video recordings of me for its non-profit promotional or fund-raising purposes.

I understand and agree that PEP4U and Affiliate Organizations are not responsible for property that is lost, stolen, or damaged while I'm in, on, or about the premises.

With this signature I, (name of participant) \_\_\_\_\_, understand the specific risks of my participation in PEP4U, affirm that I have read the foregoing waiver and release of liability, and have voluntarily executed this document.

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

Witness: \_\_\_\_\_