

Registration for Participation in **P**arkinson **E**xercise **P**rogram **4** You (**PEP4U**)

Support Activity of PARKINSON ASSOCIATION OF ORANGE COUNTY (PAOC) -7700 Irvine Center Dr. Suite 800, Irvine, CA 92618

Name (print BIG): _____

Date of Birth: _____

Year of Diagnosis: _____

e-mail: _____ Phone #: _____

Address

Street: _____ City/Zip: _____

Emergency Contact Name: _____

Emergency Contact Ph#: _____ Relation: _____

Primary Care Physician: _____ Phone #: _____

Name of attendant/caregiver: _____ Phone #: _____

My neurologist or internist is aware of my participation in PD physical fitness activities: Yes _____ No _____

Today's Date: _____

W A I V E R

I choose to participate in this Parkinson's Exercise Program 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 Parkinson's Exercise Program For You (PEP4U) and the Young Men's Christian Association (YMCA), 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, Parkinson Association of Orange County (PAOC) and the YMCA, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the YMCA premises and/or equipment, or as a result of my participation in the exercise programs. 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, PAOC, YMCA 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 out the use of said equipment and facilities. I understand and acknowledge that the use of exercise equipment and the YMCA facilities involves risk of serious injury, including permanent disability and death.

I expressly agree to indemnify and hold PEP4U, PAOC, YMCA 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, YMCA and 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
Yes ____; No ____ (Initial here): _____

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

With this signature I affirm that I have read the foregoing waiver and release of liability and have voluntarily executed this document.

Signature: _____ Date: ____/____/____

Witness: _____