

## Pedaling for Parkinson's Participant Registration Form

Name \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Physician Contact \_\_\_\_\_

Physician Phone \_\_\_\_\_

PPPF0RM1

### **PEDALING FOR PARKINSONS PROGRAM**

**Pre-Screen Questionnaire**

Pre-Screening Questions:	Yes:	No:
Have you taken any heart medications?		
Have you ever had a heart attack?		
Have you ever had heart surgery?		
Have you ever had heart failure?		
Have you ever had pacemaker/ implantable cardiac defibrillator/ rhythm disturbance?		
Have you ever had cardiac catheterization?		
Have you ever had coronary angioplasty?		
Have you ever had heart valve disease?		
Have you ever had congenital heart disease?		
Have you had a close blood relative who had a heart attack before age 55 (father or brother) or 65 (mother or sister)?		
Have you experienced unreasonable breathlessness?		
Do you take blood pressure medication?		
Are you a diabetic or take medicine to control blood sugar?		
Is your blood cholesterol >240 mg/dL?		
Females: Have you had a hysterectomy or are you postmenopausal?		
Have you experienced dizziness, fainting or blackouts?		
Do you smoke?		
Do you have musculoskeletal problems i.e. your doctor has recommended you not participate in exercise for muscular reasons?		
Do you have concerns about the safety of exercise?		
Are you physically inactive, exercising less than 30 minutes per day/ 3 days per week?		
Have you ever experienced chest discomfort with exertion?		

PFFFORM4

**Program Requirements and Equipment**

### MEDICAL CONSENT FORM

Pedaling For Parkinson's Program Assisted Aerobic Tandem or Independent Stationary Cycle  
*(The original program developed by the Cleveland Clinic)*

The completed medical consent form and liability waiver are **required** to participate in the Pedaling for Parkinson program. **If you attend more than one class**, this form must be provided to the program instructor or administrator.

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Participant Name

The above named has my consent to participate in the Pedaling for Parkinson's Exercise Program.  
*(Please circle all that apply)*

Stationary Tandem with aided assistance: YES NO

Independent Stationary Cycle: YES NO

Please indicate if there are any precautions, limitations or restrictions for this participant:

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Physician Name

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Physician Signature

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Phone

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Date

PFPFORM2

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for and with the appropriate permission to participate in the Pedaling for Parkinson's Program, I hereby release, waive, discharge and covenant not to sue Pedaling for Parkinson's, the Cleveland Clinic Lerner Research Institute, \_\_\_\_\_, [HOST] their officers, agents, servants, volunteers, or employees (hereinafter referred to as (RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the RELEASEES, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and the potential physical and health hazards connected with indoor STATIONARY CYCLING and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me because of being engaged in such an activity, whether caused by the negligence of RELEASEES or otherwise.

I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that Pedaling for Parkinson's and RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this program or any activity associated with or facilitating that participation.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Ohio.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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