



PARKINSON PLACE

MEMBERSHIP APPLICATION

(Please print and bring to Parkinson Place Center, 5969 Cattleridge Blvd., Suite #100, Sarasota, FL 34232)

DATE: _____

DOB: _____

NAME: _____
First Last

ADDRESS: _____

CITY: _____ ST: _____ Zip: _____

AREA CODE/PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CAREGIVER'S NAME: _____ RELATIONSHIP: _____
First Last

DIAGNOSIS: _____ DATE OF DIAGNOSIS: _____

NAME OF PARKINSON PHYSICIAN: _____ CITY: _____

DID YOUR PHYSICIAN REFER YOU TO PARKINSON PLACE: _____

PLEASE CHECK IF INTERESTED:

____: WOULD YOU LIKE TO PARTICIPATE IN PEDALING FOR MOVEMENT DISORDERS (Possible Dr. Release Required)

____: WOULD YOU LIKE TO PARTICIPATE IN ROCK-STEADY -BOXING: (WAIVER REQUIRED)

HOW DID YOU HEAR ABOUT PARKINSON PLACE? _____

The Parkinson Research Foundation chairman and staff welcome you to Parkinson Place.



Release of Liability and Photography Waiver

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by the way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Parkinson Research Foundation/Parkinson Place and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that Parkinson Research Foundation/Parkinson Place and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Parkinson Research Foundation/Parkinson Place.

I acknowledge that this activity or event may involve physical activity, and may carry with it the potential for death, serious injury, and property loss. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name: _____ Participant/Caretaker's Name: _____

Participant Signature: _____ Participant/Caretaker's Signature: _____

Date: _____ Phone: _____ Email: _____