

**Release, Acknowledgment of Risk and Waiver of Liability
POWER FOR PARKINSON'S**

A signed liability waiver is required for all Power for Parkinson's program participants in any capacity.

In consideration of the opportunity to participate in Power for Parkinson's (PFP) programs, including, but not limited to exercise, dance, and/or singing programs, regardless of whether my participation is as a person with Parkinson's disease, a caregiver, care partner, or otherwise, I, on behalf of myself, and my personal representatives, heirs and assignees, hereby release, discharge and forever hold harmless PFP, its officers, directors, members, contractors, agents, volunteers, and employees (collectively, the "Released Parties"), from any and all claims, responsibilities or liabilities for any injury, death or damage (both economic and noneconomic) from or arising out of my participation in or my presence at PFP's programs, whether or not any such injury or damage is the result of any negligence on the part of any of the Released Parties.

THIS RELEASE IS EFFECTIVE REGARDLESS OF WHETHER THE CLAIMS OR ACTIONS RELEASED ARE FOUNDED IN WHOLE OR IN PART UPON (1) THE ACTUAL OR ALLEGED NEGLIGENT ACT OR OMISSION OF THE RELEASED PARTIES OR (2) THE ACTUAL OR ALLEGED NEGLIGENT ACT OR OMISSION OF THE RELEASED PARTIES IN COMBINATION WITH ANY OTHER PERSON'S ACTUAL OR ALLEGED NEGLIGENT ACT OR OMISSION.

I understand and acknowledge that the PFP's programs include fitness activities, which are potentially hazardous and, as with any physical activity, involve a risk of injury or death. I am voluntarily participating in these activities and aware of the dangers involved. I agree to follow any instructions for any activity or use of any equipment and any other rules or requirements, including, but not limited to, those related to physical distance, physical contact, use of masks or face coverings, or other disease mitigation measures. I expressly assume and accept any and all risks associated with my participation in the PFP programs.

I understand that PFP staff may determine that I require extra assistance in PFP classes; if this determination is made, I agree that I will not attend PFP classes unless I bring a caregiver with me who is available to help me throughout the class and to help me transfer to and from class.

**Although initials are requested, the following paragraphs will be effective regardless of whether initialed.*

(Initial)* **Consent to Publicity:** In consideration of the opportunity to participate in PFP programs, I understand and agree that PFP may record my participation in PFP programs, including via photo, video, sound, or any other recording (collectively "media") and may use such media for any PFP purpose, including, but not limited to videos, email blasts, brochures, newsletters, magazines, general publications, and websites. I waive the right to inspect or approve the finished or unfinished media. I understand that if I express a desire not to be recorded, PFP instructors and/or volunteers will try to accommodate such a desire to the extent practicable, but PFP cannot guarantee that my participation will not be recorded.

(Initial)* **Vaccination for Novel Coronavirus 2019 (COVID):** I understand and agree that in an effort to ensure everyone's safety, PFP strongly advises that I should be fully vaccinated with a vaccine approved by the U.S. Food and Drug Administration (FDA) for COVID, in order to participate in PFP's in-person programs. As used in this document "fully vaccinated" means that the entire recommended vaccine dosage and any recommended periodic booster vaccine(s) have been administered and any required waiting period for full effectiveness has been completed. By signing below, I affirm that I should be fully vaccinated for COVID. Persons who have not been fully vaccinated should not attend in -person classes and are encouraged to participate in PFP's on-line programs on the PFP YouTube channel at youtube.com/powerforparkinsons.

By signing below, I affirm that I have read the foregoing, I understand it, and I agree to be bound by it:

Print name of Participant: _____

Signature of participant or caregiver: _____

If signed by caregiver, the caregiver affirms that he or she is authorized to sign on behalf of the Participant.

Print name of caregiver, if applicable: _____

Date: _____