



## **Educational Program Participation Agreement**

In consideration of the ability to participate, please read, understand, and accept.

**Acknowledgment and Acceptance of Risk.** The program and all related activities involve movement and physical effort and exertion, as well as interaction with other participants, all of which have inherent risks including but not limited to ligament tears, sprains, broken bones, concussions, heart attack, stroke, exposure to communicable diseases, illness, and even death. I hereby voluntarily and expressly accept and assume all such risks.

**Representation of Good Health.** I represent that I am physically fit and able to participate in the Program. There are no health-related reasons or problems which would preclude or restrict my participation in the Program or which could cause such participation to pose a risk to me or others.

I am not ill or experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I feel ill or develop any symptoms of illness, I agree that I will not attend the Program.

I have not: (i) traveled internationally in the past 14 days, (ii) traveled to an area highly impacted by COVID-19 within the United States in the past 14 days, (iii) to my knowledge been exposed to a person with a confirmed or suspected case of COVID-19, or (iv) been diagnosed with COVID-19 or, if I have been, I have fully recovered and been cleared as noncontagious by state or local public health authorities,

**Waiver and Release.** I hereby for myself, my family, heirs, executors and administrators, unconditionally release from liability, waive all claims against, hold harmless, and agree not to sue, the Parkinson's Foundation, officers, directors, volunteers, employees, sponsors, representatives, and agents, individually and collectively, for and from any and all injury, harm, loss, damage, liability, claims, demands, causes of action, and expenses, including court costs and attorney fees, whether direct or indirect, arising out of my participation in the Program and related activities **EVEN IF RESULTING FROM THE NEGLIGENCE OF THE PARKINSON'S FOUNDATION, ITS OFFICERS, DIRECTORS, VOLUNTEERS, EMPLOYEES, SPONSORS, REPRESENTATIVES OR AGENTS.**

**Permission.** I grant full permission to the organizers of the Program to photograph and videotape me in connection with the Program and to use the same in any and all media, including for marketing and promotional purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with law, the validity of the remaining portions shall not be affected thereby.

**BY ACCEPTING YOU MAY BE GIVING UP IMPORTANT LEGAL RIGHTS. PLEASE READ AND BE CERTAIN YOU UNDERSTAND EVERYTHING BEFORE ACCEPTING.**