



**Parkinson's
Nebraska**
A Journey Shared

Sponsored Exercise Classes Registration Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Physician Statement and Clearance

At Parkinson's Nebraska safety is our primary concern. All participants must have a physician complete and return this medical clearance form before participating in any sponsored classes.

I hereby give my permission to release any pertinent medical information from any medical records to the staff and instructors at Parkinson's Nebraska. All information will be kept confidential.

Patient's Name _____

Physician's Name _____ Phone Number _____

Physician Address _____ City _____ State _____ Zip _____

For Physician Use Only:

_____ I concur with my patient's participation with no restrictions.

_____ I concur with my patient's participation in an exercise program with the following limitations/restrictions:

_____ I recommend that this patient NOT participate in this exercise program.

Comments: _____

Physician's Signature _____ Date _____

Liability Waiver

Parkinson's Nebraska (PNE) is a non-for-profit organization designed to improve the lives of those living with Parkinson's disease through exercise classes and other programs. I wish to participate in these classes and/or programs.

1. I understand that exercise is not without risk. I understand that I am **assuming all risks of injury**, illness, damage or loss or theft of any personal property.
2. I release and covenant not to sue PNE, its directors, officers, employees, volunteers, contractors, instructors or agents (collectively, "PNE Community") from any and all present and future claims arising from or incidental to, that participation from whatever cause including **ordinary negligence** on the part of PNE community, for loss, damage or theft of personal property, personal injury, or even death.
3. I voluntarily waive any and all claims resulting from whatever cause, including ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.
4. I further agree to indemnify and hold harmless the PNE Community for any and all claims, including attorneys fees and costs arising as a result of my engaging in PNE exercise classes or any other activities incidental thereto, wherever, whenever or however the same occur.
5. I agree that this waiver and release shall continue for all future PNE classes and programs in which I participate.
6. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Nebraska and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.
7. I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of the PNE Community.

Print Name of Participant

Signature of Participant

Date

Media Release

I give my permission to Parkinson's Nebraska, located at 16811 Burdette Street, Omaha, NE, the perpetual, royalty-free right to:

1. Record my participation and appearance in print or on digital or film photography, videotape or audiotape, or any other medium at the event, publication or promotion.
2. Use my name, likeness, written words, voice and biographical material in connection with promoting and/or raising funds for the organization via an event/publication/promotion.
3. Reproduce, distribute, publicly display and/or publicly perform in print, electronic or any other medium of the aforementioned event/publication/promotion.

I make this permission voluntarily, and further agree to release and forever discharge Parkinson's Nebraska, its agents, employees and designed representatives from any and all claims in law or equity that I, my heirs or personal representative have or shall have arising from the Parkinson's Nebraska event/publication/promotion.

Print Name of Participant

Signature of Participant

Date