Parkinson's Nebraska
A Journey Shared

PARTICIPANT WAIVER AND RELEASE FORM

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. In consideration for participating in exercise classes and/or other programs offered through PNE, 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. Furthermore, 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.
2. 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.
3. I agree that this waiver and release shall continue for all future PNE classes and programs in which I participate.
4. 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.
5. I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videography or electronic recording of this event for legitimate purposes.
6. 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.

_____ _____ Date_____

Print Name of Participant **Signature of Participant**

Address_____ City_____ State_____Zip_____

Phone_____ Email_____

Emergency Contact_____ Phone_____

This waiver must be signed and retured to Parkinson's Nebraska before you will be allowed to participate in a PNE sponsored class. Please bring completed forms and give to the instructor.