



APDA RIDE REPAY - Application

American Parkinson Disease Association

Northwest Chapter
150 Nickerson St, Suite 100
Seattle, WA 98109
www.APDAnorthwest.org

Name _____

Mailing Address _____

Phone Number _____

Email address _____

Participant Consent:

I am no longer driving, or my driving is significantly limited, due to the effects of my Parkinson's disease and/or the medications I am taking to treat my Parkinson's disease.

Without the assistance of APDA, I could not meet my current transportation needs. I will use the funds provided by APDA exclusively for transportation expenses. I understand that any transportation costs incurred beyond my \$300 annual benefit will become my sole responsibility.

On behalf of myself, my heirs, successors, and assigns, I hereby forever release, indemnify, and hold the APDA, its officers, directors, employees, and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to, my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

Printed Name

Signature

Date

Provider/Physician:

The above-named Participant is currently under my care and has a diagnosis of Parkinson Disease.

Provider/Physician Printed Name

Provider/Physician Signature

Date

Return completed application
by mail, email or fax.
150 Nickerson St, Ste 100
Seattle, WA 98109
info@APDAnorthwest.org
Fax: (206) 455-8980

Questions? (206) 695-2905 / Toll free (844) 492-APDA / info@APDAnorthwest.org

Scholarships are available on a limited basis. Please contact us for more information.