

Program Name: _____ I would like to be added to the APDA mailing list
Participant Name: _____ I am 18 years of age or older
Address: _____
City: _____ **State:** _____ **Zip:** _____
E-mail: _____ **Phone:** _____
Emergency Contact (name & phone): _____

This event/program may involve activities that can include risks such as, but not limited to, physical injury due to activity-related accidents, falls, illness (including, but not limited to, potential exposure to COVID-19), interaction with other participants, effects of weather, and traffic and other conditions of the road. In consideration of being allowed to participate in this event/program, I hereby assume all risks, including bodily and personal injury, property loss, and any other damages of any kind arising in any way out of my participation in this event/program and related activities.

Regarding COVID-19, I agree to follow all Federal, State, local government, and CDC orders, restrictions, and requirements, and understand that COVID-19 is a highly infectious disease that can lead to severe illness and death. COVID-19 is easily spread, including most commonly through respiratory droplets and particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 is highly transmissible and can be spread by people who have no symptoms. Particles containing the virus can travel more than 6 feet, especially indoors, and can be spread by individuals who do not know they are infected. An inherent risk of exposure to COVID-19 exists in any public place where people are present. I also understand that American Parkinson Disease Association ("APDA") has put in place preventative measures to reduce the spread of COVID-19 at APDA events.

I acknowledge that I have been provided with and read a copy of APDA's COVID-19 safety protocols and any additional state, local or venue guidelines, if required, and agree to abide by all such safety protocols and public health guidelines while I am involved with any APDA event.

I further understand that APDA cannot protect me from exposure to or contracting COVID-19 while at an APDA event or guarantee that I will not become infected with or spread COVID-19 following my presence there. Therefore, I understand that if I choose to enter the premises, I may be exposing myself to and/or increasing my risk of contracting or spreading COVID-19, and I voluntarily enter the premises at my own risk.

By signing this Participant Waiver & Consent Agreement, I represent that I am in good health, and in proper physical condition to participate in this event/program, and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other conditions which would make it difficult or unsafe to continue.

I, for myself, and my heirs, executors, and administrators, hereby agree not to sue and agree to release, waive, and hold harmless the American Parkinson Disease Association ("APDA"), its affiliates/chapters and each of their officers, directors, volunteers, employees, sponsors, contractors or agents, successors and assigns ("Releasees"), from any and all liability, claims, damages, suits, debts, demands, and causes of action whatsoever, (including attorney's fees and expenses), including all claims for negligent acts or omissions (whether caused by the negligence of Releasees or any other person or entity), with respect to any bodily injury, personal injury, illness, death, medical and hospital expenses, *including for any injury suffered in connection with, exposure to, infection and/or spread of COVID-19*, property damage, or other losses, arising from, or in any way related to, my participation in any APDA event, my presence at the event and/or my use of APDA's or venue equipment.

I hereby grant full permission for APDA to use, reproduce, publicly display, publicly perform, and publish my name and image as a participant in photographs, videos, and other recordings ("Images") for promotional purposes. I expressly release and hold harmless APDA and its officers, directors, volunteers, employees, sponsors, or agents from any and all claims which I have or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Images.

This Participant Waiver & Consent Agreement shall be broad and inclusive to the extent permitted under the State or Province law in which this event/program is conducted and the State of New York. If any portion of this Participant Waiver & Consent Agreement is held invalid, the remainder shall continue in full force and effect.

I have read, understand, and agree to the terms of this Participant Waiver & Consent Agreement.

Signature: _____ **Date:** _____