



# REGISTRATION FORM

Complete this form and return it to your local chapter. To find your local chapter or Walk, visit [apdaparkinson.org](http://apdaparkinson.org)

AMERICAN PARKINSON DISEASE ASSOCIATION

Create a team      Join a team      Walk as an individual

My goal is to raise \$ \_\_\_\_\_ to help end Parkinson's disease.

(The recommended fundraising goal for an individual is \$100; the recommended team minimum is \$2,000.)

*\*Individuals who meet the fundraising goal of \$100 will earn the official Walk participant T-shirt.*

Walk Location (Choose from dropdown)

Team name   
(If creating or joining a team, please include team name.)

Company name (optional)

Yes, my company has a matching gift program.

Team type (choose one):      Company/corporation      Friends/family      PD Support Group

First Name

Last Name

Address

City  State  ZIP

Cell Phone (inc area code)

Home Phone (inc area code)

Email (required)

I'm kick-starting my fundraising with a self-donation to the APDA. Enclosed is my personal donation of:      \$250      \$100      \$50

Other \$ \_\_\_\_\_

Make checks payable to APDA. To make a credit card donation, please visit [the walk location website page](#).

### Participant Waiver & Consent Agreement

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 I agree to abide by all such safety protocols and public health guidelines while I am involved with any APDA event.  
I acknowledge that I have been provided with and have read APDA's Pre-Screening Questionnaire from and have answered the questions truthfully.  
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 to release, waive, and hold harmless, the American Parkinson Disease Association ("APDA"), its affiliates/chapters, and each of their officers, directors, volunteers, employees, sponsors, or agents, from any and all liability, claims, demands, and causes of action whatsoever, including all claims for negligent acts or omissions, including for any injury suffered in connection with, exposure to, infection and/or spread of COVID-19, arising from, or in any way related to, my participation in this event/program and related activities.  
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 shall be broad and inclusive to the extent permitted under the State or Province law in which this event/program is conducted. If any portion of this Participant Waiver & Consent Agreement is held invalid, the remainder shall continue in full force and effect. If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below.  
I am either the parent and/or legal guardian of the Participant, and I hereby consent to his/her participation or am the Participant. I have read, understand, and agree to the terms of this Participant Waiver & Consent Agreement.

Signature

Date

Will you join us on Walk day?      Yes      No

Choose Adult or Youth Size

What is your T-shirt size?      q Small      Medium      Large      XL      2XL      3XL      Adult      Youth

### What is your closest connection to the cause?

- I am living with Parkinson's
- I am supporting or caring for someone living with Parkinson's
- I have lost someone to Parkinson's
- I don't have a close connection, but support the Association's mission
- I am a medical/healthcare professional involved with Parkinson's
- I prefer not to answer
- Other

Are you interested in learning more about the volunteer Walk Planning Committee?      Yes      No

You can either email this form to [apda@apdaparkinson.org](mailto:apda@apdaparkinson.org), fax it to 718-981-4399 or mail this form to APDA, PO Box 61420, Staten Island, NY 10306 or directly to your local chapter.