



REGISTRATION FORM

Complete this form and return it to your local chapter. To find your local chapter or Walk, visit 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

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

Assumption of Risk, Release and Permission

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 also agree to follow all Federal, State, local government, and CDC orders, restrictions, and requirements. By signing this Participant Waiver & Consent, 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, 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 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. 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 the parent and/or legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.*

Signature

Date

Will you join us on Walk day? Yes No

What is your T-shirt size? q Small Medium Large XL 2XL 3XL Choose Adult or Youth Size 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, 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.