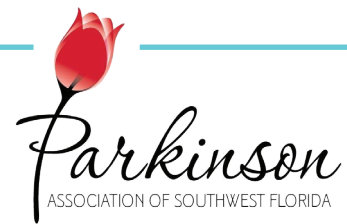


MEMBERSHIP APPLICATION - MEMBERSHIP IS FREE

Membership is free, however completion of the Member Application and Participation Waiver is required prior to participating in our programming.



CONTACT INFORMATION

NAME

TITLE Mr-Mrs-Ms-MD-PhD-Jr-other

LAST

FIRST

STREET

APT #

CITY

STATE

ZIP

CELL #

() cell

() secondary

EMAIL

PARTICIPATION TYPE

PLEASE COMPLETE BIRTH DATE AND NEUROLOGIST INFORMATION IF YOU ARE A PD PATIENT

BIRTH DATE

MM / DD / YYYY

NEUROLOGIST/STATE

PLEASE COMPLETE IF YOU ARE NOT A PD PATIENT

☐ SPOUSE/PARTNER

☐ FAMILY MEMBER

☐ INDUSTRY RELATED

☐ CORPORATE PARTNER

BUSINESS NAME

MEMBERSHIP INTEREST

PLEASE LET US KNOW WHAT YOU ARE INTERESTED IN LEARNING ABOUT. (CHECK ALL THAT APPLY)

☐ Information for newly diagnosed

☐ PD Classes/programs

☐ Corporate Sponsorships

☐ Volunteer Opportunities

☐ Educational Talks

☐ Industry Partnerships

☐ Bi-Monthly ENews

☐ Special events

☐ Supporting our Mission

OFFICE

INFORMATION TAKEN BY

DATE

Parkinson Association of Southwest Florida Inc., 2575 Northbrooke Plaza Drive, Building 300, Suite# 301, Naples, FL 34119

239-417-3465 Office@ParkinsonAssociationSWFL.org ParkinsonAssociationSWFL.org

IMPORTANT: PLEASE COMPLETE A PARTICIPATION WAIVER PRIOR TO ATTENDING PROGRAMMING



PARTICIPANT WAIVER AND RELEASE FORM

COMPLETE PRIOR TO ATTENDING PROGRAMMING

In consideration of my participation in the programs, classes, equipment and facilities provided by the Parkinson Association of Southwest Florida, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors, and assigns, that the Parkinson Association of Southwest Florida and its insurers, employees, officers, directors, associates, volunteers and contractors shall not be liable for any damages arising from personal injuries (including death) sustained by me, on, or about the premises, or as a result of the use of the equipment and participation of classes or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the Parkinson Association of Southwest Florida.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the Parkinson Association of Southwest Florida, its insurers, employees, officers, directors, associates and contractors, from any and all claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of said programs, classes, equipment and facilities.

I expressly agree to indemnify and hold Parkinson Association of Southwest Florida harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

My signature below acknowledges that I have carefully read this waiver and release of liability, and voluntarily executed this document with full knowledge of its content.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ CELL #: _____

WITNESS SIGNATURE: _____ DATE: _____

WITNESS PRINTED NAME: _____