



## PARTICIPANT WAIVER & RELEASE FORM

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.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Witness