

Dancing with Parkinson's **US**

The following is our Registration, Informed Consent and Acknowledgement/ Waiver and Release of Liability and Photography/Videography Release Forms are applicable for all Dancing with Parkinson's - us locations and events.

Participant's Information (please print):

First and Last Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date: _____

Emergency Contact Information (please print):

First and Last Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Dancing with Parkinson's US

Informed Consent and Acknowledgement/ Waiver and Release of Liability

I understand that:

- I am taking responsibility for my own health.
- The dance class or event provides no medical supervision.
- It is my responsibility to receive physician's approval prior to participating in an exercise program.
- I will respect the professional code of ethics and will NOT solicit participants in class or on the class premises for other teachers, facilities, organizations, etc., as it may affect my future participation in the class.

I acknowledge as well as understand that:

- The activities I will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.

I agree to release and hold harmless:

- Lappen, including guest teachers, studio owners, Lappen's sponsors and her and their staff and family members from any cause of action, claims, or demands now or in the future.

I will not hold:

- Lappen, her teachers, studio owners, sponsors, and staff members liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after the dance classes, or which may occur at any Dancing with Parkinson's -us sponsored event outside of the classroom.

I consent to:

- Have emergency medical treatment that may be deemed advisable in the event of an injury, accident and/or illness during any dance class, event or activity.

I hereby state that I have carefully read the Informed Consent and Acknowledgement/Waiver and Release of Liability. Acceptance and understanding of this agreement are hereby acknowledged.

_____/_____
Sign **Date**

Printed Name

Photography and Videography Release

I am advised I may be photographed or videotaped in the Dancing with Parkinson's -us classes and events affiliated with the class. The purpose of photography and videography is to document the work, as well as promote the work. I understand I will not be compensated for the use of my likeness. (Please check below: I agree or I disagree. Thank you.)

_____ I have read and agree to the Film and Photography Waiver.

_____ I have read and do not agree with the Film and Photography Waiver.

_____/_____
Sign **Date**

Printed Name

