



Welcome! To participate in our classes and community programs, please complete and return this form:

PARTICIPANT INFORMATION

Name _____
First Last

Address _____
Street Address Apt. #

City State Zip code

E-mail _____

Phone _____ Birthdate _____
MM/DD/YY

Year Diagnosed (optional) _____

How do you prefer to be contacted? ☐ phone call ☐ e-mail ☐ text

How did you hear about us? (check all that apply)

☐ Word of mouth ☐ UAMS
☐ Neurologist ☐ Website
☐ Support Group
☐ Newspaper/Newsletter
☐ Other, please specify: _____

Name of person filling out this form, if other than participant.

Relationship to Person with PD (check all that apply)

☐ Spouse/Partner of person with PD ☐ Care partner
☐ Other family member of person with PD ☐ Medical professional
☐ Friend of person with PD ☐ Volunteer/Workshop participant
☐ Other, please specify: _____



EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone _____

PD Physician Name _____ Phone _____

FILM AND PHOTOGRAPHY WAIVER

Dance for Life, a program of Arkansas Festival Ballet (AFB) would like to photograph and/or film select classes for marketing and promotional purposes within the AFB program, as well as local, state, and regional media outlets. Prior to each photoshoot, participants will be notified and given an opportunity to opt out of the photoshoot via in-person. Those who opt out can still participate in class activities. Footage may be used in print and/or digital platforms for brochures, Dance for Life social page websites and e-blasts, as well as other promotional materials produced, used by, and representing Dance for Life, Arkansas Festival Ballet. It is understood that the circulation of the materials could be worldwide and that there would be no compensation for this use. By granting permission for use of photographs, individuals release and agree to hold harmless the producers or any persons or entities acting under their permission or authority from any liability arising from use of said reproduction.

I have read and understand the terms of the Film and Photography Waiver.

Please initial: _____

Is there anything else you'd like to share with us?

