

Parkinson Partners of NW PA, Inc. PO Box 10547 Erie, PA 16514 814-899-3030

Fax: 814-616-7766

Email: info@ParkinsonPartners.org





Parkinson Partners of NW PA Purposeful Movement and Wellness Program Application, Waiver and Medical Release Form

Participant Application:					
Name:	DOB:				
Address:	City:	Zip code:			
Home Telephone:	Work/Cell Phone:				
Email:					
Emergency Contact Name:	Phone #:				
Where did you hear about this program? _					
What activities are challenging to you? (Pl should know (hearing or vision issues, injusted Standing Walking Speaking	uries, health concerns, etc.)				
Please explain.					
"It is important that you understand the inherent present. According to the Centers for Disease Conditions are especially vulnerable. All attende to adhere to our guidelines and the guidelines of to COVID-19. We also encourage you to stay ho any other virus."	ontrol and Prevention, senior citizen ees of Parkinson Partners of NW PA' f our community partners and volun	s and those with underlying medical s in-person events and classes must agree tarily assume all risks related to exposure			
\$80 Class Fee enclosed:yesno	Make checks payable to: Parkins	on Partners of NW PA			
Participant Waiver Enclosed: yes1	no				
Neurologist Release Enclosed:yes	_ no				
Neurologist's name/phone number:					

PARTICIPANT WAIVER & RELEASE FORM

You have agreed to participate in the Purposeful Movement and Wellness Program. This program will provide exercise/education tailored to people with Parkinson's disease.

Because physical exercise can be strenuous and subject to risk, Parkinson Partners of Northwestern Pennsylvania, Gannon University and the Parkinson's Foundation requires a medical release from your doctor before using exercise equipment or participating in any exercise activity or class. You agree that if you engage in any physical exercise or activity, or use any facility amenity on the premises during the session, you do so **entirely at your own risk**.

This includes, without limitation, your use of the exercise gym, parking area, and sidewalk area, or any equipment in the facility and your participation in any activity, class, program or instruction. You agree that you are voluntarily participating in these activities along with the use of the facilities and surrounding premises in which they occur and **assume all risks of injury**, illness, damage or loss or theft of any personal property.

You expressly agree to release and discharge Parkinson Partners of Northwestern Pennsylvania/Gannon University/Parkinson's Foundation and all affiliates, employees, therapists, students, and representatives from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur as a result of (a) your use of any exercise equipment, products and facility amenities, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction or supervision, and (d) your slipping and/or falling while in the hosting facility, or on the facility premises including adjacent sidewalks and parking areas and surrounding premises **regardless of negligence**.

"It is important that you understand the inherent risk of exposure to COVID-19 exists in any public place where people are present. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. All attendees of Parkinson Partners of NW PA's inperson events and classes must agree to adhere to our guidelines and the guidelines of our community partners including Gannon University, Parkinson's Foundation and the Salvation Army and voluntarily assume all risks related to exposure to COVID-19. We also encourage you to stay home if you are feeling unwell or if you have been exposed to Covid-19, the flu or any other virus."

Your signature acknowledges you have carefully read this waiver and release and fully understand it is a release of liability. You agree to voluntarily give up any right you may otherwise have to bring a legal action against the Parkinson Partners of Northwestern Pennsylvania, Gannon University, Parkinson's Foundation and all affiliates, employees, therapists, students, and representatives for negligence, or any other personal injury or property damage or loss action. This program is supported by a community grant from the Parkinson's Foundation.

Print Name	Signature	Date	

*Please send your completed application, medical release form signed by your neurologist and your payment of \$80 to:

Parkinson Partners Wellness Program PO Box 10547 Erie, PA 16514



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PD Purposeful Movement and Wellness Program Neurologist Medical Release Form

Patient's Name:	DOB:					
Address:	City:		Z	ip code:		
Home Telephone:	City: Zip code: Work/Cell Phone:					
Dear Doctor:						
Your patient wellness program specialized for people with physical exercises and education designed living skills. Program activities are provided programs at Gannon University. This programs foundation.	ith Parkinson's dise to improve indepen- ed by faculty and st	ase. The prog dence with ga udents from C a community	ram will inc it, functional occupational	lude sub-maximal mobility, and daily and Physical Therapy		
Note: Appropriate participants must be an assistive device.	able to follow one	step comman	ds and amb	ulate with or without		
Participant has been diagnosed with:	Idiopathic PD	☐ A	typical PD			
Participant is alert, oriented, and can follow	v directions.	Yes	No			
Participant is ambulatory with or without a	n assistive device.	Yes	No			
Participant can engage in all program activ	Yes	Yes No				
Participant is approved for the PD wellness	Yes	No				
Precautions						
Neurologist's signature				Date		
Neurologist's name (print)	P	hone	F	ax		
Address	C	City	S	tate & Zip		

Email to info@parkinsonpartners.org or Fax (HIPAA Compliant): (814) 616-7766

Questions--Please Call: Lynne Gotham, Executive Director of Parkinson Partners of NW PA

Phone: 814-899-3030