



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 and the YMCA Parkinson's Movement and Mobility Program and Waiver

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? (Please check all that apply.) Please list any other issues you think we should know (hearing or vision issues, injuries, health concerns, etc.)

Standing____ Walking____ Speaking____ Dressing____ Other_____

Please explain. _____

"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/YMCA's in-person events and classes must agree to adhere to our guidelines and the guidelines of our community partners 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."

Membership and/or Payment approved by the Eastside YMCA: ____yes ____no (Call: 814-899-9622)

Participant Waiver Enclosed: ____ yes ____ no

Neurologist Release Enclosed: ____yes ____ no *If no, please make sure to request it from your neurologist.

Neurologist's name/phone number: _____

PARTICIPANT WAIVER & RELEASE FORM

You have agreed to participate in the YMCA Parkinson's Movement and Mobility 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 and YMCA of Greater Erie 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 and the YMCA of Greater Erie 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 in-person events and classes must agree to adhere to our guidelines and the guidelines of our community partners including the YMCA of Greater Erie 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 and the YMCA of Greater Erie and all affiliates, employees, therapists, students, and representatives for negligence, or any other personal injury or property damage or loss action.

Print Name

Signature

Date

***Please send your completed application, medical release form signed by your neurologist to:**

**Parkinson Partners and YMCA PD Wellness Program
PO Box 10547
Erie, PA 16514**