PARTICIPANT WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk, the Parkinson Association of the Rockies urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity or class. You (each member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any facility amenity on the premises or off premises at a sponsored event, you do so **entirely at your own risk**.

This includes, without limitation, your use of the exercise room, parking area, 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 these facilities and premises and **assume all risks of injury**, illness, damage or loss or theft of any personal property.

You expressly agree to release and discharge the Parkinson Association of the Rockies and all affiliates, employees, agents, representatives, successors, or assigns, 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 club, or on the club premises, including adjacent sidewalks and parking areas **regardless of negligence**.

Your signature below acknowledges that you have carefully read this waiver and release and fully understand that it is a release of liability. You agree to voluntarily give up any right that you may otherwise have to bring a legal action against the Parkinson Association of the Rockies for negligence, or any other personal injury or property damage or loss action.

_____ _____

Print Name Signature Date

Address:_____ City:_____ State:_____ Zip:_____

Day Phone:_____ Evening Phone:_____

NOTIFY IN CASE OF EMERGENCY NAME: _____

Emergency Contact Number(s):_____