



**Dallas
Area
Parkinson
Society**

12900 Preston Road Ste.320
Dallas, TX 75230
Phone: 972-620-7600
Email: daps@daps.org

Participant Release & Information Form

Participant Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone #: _____ Home Phone: _____

Birthday (mm/dd/yy): _____ E-mail: _____

Would you like to receive DAPS communications? Yes No

In case of emergency notify:

Family Member/Caregiver _____ Relationship: _____

Phone #: _____ Email: _____

****In the event of a fall, 911 and an emergency contact will be notified at the discretion of DAPS representatives.***

Primary DAPS group location: _____

Secondary DAPS group location: _____

How did you hear about DAPS? _____

If you agree to the following two statements, please sign below:

1. In the event of a fall, I give a DAPS representative permission to assist.
2. I acknowledge that there are risks associated with all forms of exercise and I agree to take full responsibility and to indemnify the Dallas Area Parkinson Society, including its officers, directors, advisors, employees, volunteer assistants, representatives, and agents, from any and all liabilities, claims, or damages that may arise from my participation in the exercise program or any other activities organized by the Dallas Area Parkinson Society.

Date

Signature of Participant/Legal Guardian

Date

Printed Name of Participant/Legal Guardian