



Dallas Area Parkinson Society Noncontact Boxing Class

Waiver of Liability

Please read the following statements and sign below to indicate your understanding and agreement to the policies and procedures of The Dallas Area Parkinson Society (aka DAPS).

Waiver of Liability: In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators, and representatives, do hereby agree and will absolve and hold harmless to The Dallas Area Parkinson Society and any other parties connected with the above named program in any way together with their respective successors and assigns singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may arise out of the negligence or carelessness on the part of any person named in this waiver. *I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the class.*

Caregiver/Care partner Involvement: At times, DAPS instructors and /or volunteer facilitators may attempt to provide support if a participant needs gait belt support, standby assistance, or contact-guard assistance to remain upright; however, **it is the responsibility of each participant to arrange for their support from care partners or caregivers, as sufficient support from staff or volunteers may not be available.** Caregivers/Care- partners assume their own risk in providing care and agree and will absolve and hold harmless Dallas Area Parkinson Society cooperating organizations and any other parties connected with the program in any way together with their respective successors and assigns singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may arise out of the negligence or carelessness on the part of any person named in this waiver.

Safety Concerns: Dallas Area Parkinson Society reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner, which could jeopardize the safety of oneself or others.

I certify that I have read the above statements, understand their significance, and agree to the listed policies and procedures of Dallas Area Parkinson Society.

Name (print): _____

Name (signed): _____

Date: _____