



**Dallas  
Area  
Parkinson  
Society**

6310 LBJ Freeway, Suite 213  
Dallas, TX 75240  
Phone: 972-620-7600  
Fax: 888-710-9536

## Participant Release & Information Form

**DAPS group location:** \_\_\_\_\_

How did you hear about this group? \_\_\_\_\_

I am aware that certain risks exist with all types of exercise and agree to accept full responsibility and to hold harmless the Dallas Area Parkinson Society, its officers, directors, advisors, employees, volunteer assistants and their representatives and agents, from any and all conditions, claims and/or damages that may arise from my involvement in the exercise program in which I participate or any other activities of the Dallas Area Parkinson Society in which I participate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant/Legal Guardian

\_\_\_\_\_  
Printed Name of Participant/Legal Guardian

In the event of a fall, may a DAPS representative have permission to assist? Y/N \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant/Legal Guardian

\_\_\_\_\_  
Printed Name of Participant/Legal Guardian

### CONTACT INFORMATION

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthday (mm/dd/yy): \_\_\_\_\_

Please send me (one or both):  Monthly DAPS newsletter via Email  E-news & updates

**In case of emergency notify:**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Family Member/Caregiver \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_