



PARTICIPANT REGISTRATION FORM

For expedited registration, register online at MovingDayWalk.org

EVENT NAME: _____

Mail the completed form to:

Parkinson's Foundation
200 SE 1st Street, Suite 800
Miami, FL 33131

NAME: _____

ADDRESS: _____ **APT/FL#** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PHONE NUMBER:** _____

EMPLOYER: _____

I want to bring back my team from a previous year. **Team Name:** _____

I want to start a new team. **Team Name:** _____

I want to join an existing team. **Team Name:** _____

I want to register as an individual participant.

My connection to Parkinson's Disease (PD):

Person with PD / Diagnosis Date: _____

Spouse / Partner

Parent has / had PD

Other family of person with PD

Friend of a person with PD

Healthcare Professional

Other _____

How did you hear about the event?

Advertisement (e.g. online, print, tv, radio)

Email or E-newsletter

Employer / Co-Worker

Family or Friend

Mailing

Promotional Material (e.g. postcard, flyer)

Social Media
(e.g. Facebook, Twitter, YouTube, LinkedIn)

Returning Participant

Parkinson's Foundation Office

Parkinson's Foundation Website

Other _____

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PARTICIPANT RELEASE AND WAIVER OF LIABILITY

Moving Day involves driving, walking and related activities, much of which occur outdoors at large parking lot venues, driving routes and walking routes, requiring participants and volunteers to navigate traffic, road conditions, other drivers, other participants, volunteers and other pedestrians and cyclists, as well as dealing with possible adverse weather conditions. This involves risks such as, but not limited to, traffic accidents, falls, being struck by cars or other vehicles or bicycles, colliding with other persons or cars, or exposure to communicable diseases (including COVID-19), any of which may result in property loss, personal injury, illness, or even death. Participants are permitted to have their dogs accompany them in this event, which presents risks of being bitten, knocked down, or tripped, which also may cause bodily injury or death. In consideration of being allowed to participate in and/or volunteer for this event, I hereby expressly assume all such risks.

I am solely responsible for my own health and safety. I represent that I am healthy, physically fit, medically able to participate in this event, and, if driving in this event, properly licensed and physically able to operate a motor vehicle.

I am not ill or experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will not attend the Moving Day events.

I have not: (i) traveled internationally in the past 14 days, (ii) traveled to an area highly impacted by COVID-19 within the United States in the past 14 days, (iii) to my knowledge, been exposed to a person with a confirmed or suspected case of COVID-19, (iv) been diagnosed with COVID-19, or, if I have been, I have fully recovered and been cleared as noncontagious by state or local public health authorities, or (v) if operating a vehicle, had my driver's license revoked and not reinstated.

I hereby for myself, my family, my heirs, executors and administrators, release from liability, waive all claims against, hold harmless, and agree not to sue the Parkinson's Foundation, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, individually and collectively, for any harm, damage, injury, illness, property damage or loss, or death arising out of my participation in/volunteering for this event and related activities **EVEN IF RESULTING FROM THE NEGLIGENCE OF THE PARKINSON'S FOUNDATION OR OTHER ABOVE PERSONS.**

I grant full permission to the organizers of this event to photograph and videotape me in connection with the event and to use my image and name in any and all media, including for marketing and promotional purposes.

If any term of this Agreement is held illegal, unenforceable, or in conflict with law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and agree to the terms of this Waiver.

BY SIGNING YOU MAY BE GIVING UP IMPORTANT LEGAL RIGHTS. PLEASE READ AND BE CERTAIN YOU UNDERSTAND EVERYTHING BEFORE SIGNING.

Signature of Participant	Printed Name	Date

If Participant is under the age of 18, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent/Guardian Signature	Printed Name	Date