



Waiver of Liability for Caregivers/ Spouses

I/we hereby understand and acknowledge that the training, programs, and events held by the Indiana Parkinson Foundation at Noblesville may expose me to inherent risks, including accidents, injury, illness, or even death. I/ We assume all risk of injuries associated with the participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and / or humidity, and all other such risks being known and appreciated by me.

I/we hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/we acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After reading this waiver and knowing these facts, and in consideration of acceptance of my participation and the Indiana Parkinson Foundation and White River Christian Church furnishing services to me, I agree , for myself and anyone entitled to act on my behalf to **HOLD HARMELSS, WAIVE AND RELEASE** the Indiana Parkinson Foundation and The CLIMB, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind of arising out of my participation in the Indiana Parkinson Foundation training, programs, and/ or events.

By my signature I/we indicate that I/we have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature _____