Waiver of Liability-Participant

I have read the statements below and release the Indiana Parkinson Foundation and The CLIMB, its members, agents, heirs, successors and assigns, from any and all liability or cause of injury and shall indemnify and hold them harmless from any such liability whether participation was on site or by virtual classes, even if such injury or damage is the result of negligence by the Indiana Parkinson Foundation and/or The CLIMB. I have inspected the building, its environs, and the physical area where the exercise training will be conducted, and they are acceptable to me. Therefore, I release the property owner from any and all liability or cause of injury and shall indemnify and hold them harmless from any such liability.

I have been diagnosed with Parkinson's disease. I understand that a common symptom of Parkinson's disease is loss of balance, which can lead to falls. By signing this, I represent that I am physically able to undertake the exercise program and have made full disclosure of any physical problem now existing. I agree that this exercise program will be undertaken at my own risk and that I am responsible for informing Indiana Parkinson Foundation of any exercise or activity related to the exercise program that causes discomfort and/ or pain. I also understand that is it my decision whether or not to continue the exercise program in the event of an injury or illness. By continuation of a program, I represent that I am physically able to undertake any and all physical exercise provided.

Indiana Parkinson Foundation staff members are not, nor do they claim to be, physicians or possess medical knowledge. Therefore, they cannot take responsibility for any injury or illness related to this exercise class. It is recommended that you consult with your family physician prior to beginning this exercise class. If you choose to forgo the above-mentioned physical examination, we cannot be held responsible for any injury related to a pre-existing condition.

Participant's Name (please print): _____

Participant's signature: _____Date:_____