



MOVING DAY REGISTRATION

For expedited registration, sign up online at www.movingdaywalk.org.

Mail completed registration to:
Parkinson's Foundation
Attn: Fundraising Technology Team
200 SE 1st Street, Suite 800
Miami, FL 33131

NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

SEX: M F BIRTHDAY: _____ T-SHIRT SIZE: S M L XL 2XL 3XL

EMERGENCY CONTACT: _____ CONTACT'S PRIMARY: _____

Moving Day city I am walking in: _____

I want to:

Start a Team - Team Name: _____ Team Goal: _____

Join a Team - Team Name: _____

Register as an Individual - Individual Fundraising Goal: _____

My connection to Parkinson's (e.g., spouse, caregiver, patient): _____

How did I first learn about Moving Day?

- | | | | | |
|---|-----------------------------------|--------------------------------|---------------------------------------|--|
| <i>Advertisement</i> | <i>Social Media</i> | <i>News/ Interview</i> | <i>Other</i> | <i>Word of Mouth</i> |
| <input type="checkbox"/> Save-the-date Card | <input type="checkbox"/> Facebook | <input type="checkbox"/> TV | <input type="checkbox"/> School | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Twitter | <input type="checkbox"/> Radio | <input type="checkbox"/> Doctor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> TV | <input type="checkbox"/> YouTube | | <input type="checkbox"/> Support Grp. | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Radio | <input type="checkbox"/> LinkedIn | | <input type="checkbox"/> Event | <input type="checkbox"/> Team |
| <input type="checkbox"/> Email | | | | <input type="checkbox"/> Returning Participant |
| <input type="checkbox"/> Website | | | | <input type="checkbox"/> PF Chapter |

Waiver: Moving Day Walk involves walking and other activities which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my participation in the Moving Day Walk and related activities.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to participate in this event.

I hereby for myself, my heirs, executors and administrators, release, and discharge the Parkinson's Foundation, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in this event and related activities whether resulting from the negligence of any of the above or from any other cause.

My assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law.

I grant full permission to the organizers of this event to use, re-use, publish and re-publish my name and image as a participant in the event in photographs, video or other recordings.

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

If Participant is a minor, 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.

Signature: _____ Date: _____