



PARTICIPANT REGISTRATION FORM

For expedited registration, register online at MovingDayWalk.org

Email or mail this form to:

Parkinson's Foundation
 5757 Waterford District Drive Ste 310
 Miami, FL 33126
MovingDay@Parkinson.org

EVENT NAME:

NAME (REQUIRED): _____

COMPANY NAME: _____

ADDRESS (REQUIRED): _____ **APT/FL#** _____

CITY (REQUIRED): _____ **STATE (REQUIRED):** _____ **ZIP (REQUIRED):** _____

EMAIL (REQUIRED): _____ **PHONE NUMBER:** _____

<input type="checkbox"/> I want to bring back my team from a previous year. Team Name: _____ <input type="checkbox"/> I want to start a new team. Team Name: _____ <input type="checkbox"/> I want to join an existing team. Team Name: _____ <input type="checkbox"/> I want to register as an individual participant (not affiliated to a team).

<p>YOUR CONNECTION TO PARKINSON'S DISEASE (PD):</p> <input type="checkbox"/> Person living with PD/Diagnosis Year: _____ <input type="checkbox"/> Spouse/Partner has/had PD <input type="checkbox"/> Parent has/had PD <input type="checkbox"/> Family member has/had PD <input type="checkbox"/> Friend has/had PD <input type="checkbox"/> I provide care to people living with PD <input type="checkbox"/> Other _____	<p>HOW DID YOU HEAR ABOUT MOVING DAY?</p> <input type="checkbox"/> Advertisement (e.g. online, print, tv, radio) <input type="checkbox"/> Parkinson's Foundation Email <input type="checkbox"/> Moving Day Email <input type="checkbox"/> Moving Day Text Message <input type="checkbox"/> Social Media <input type="checkbox"/> Moving Day Website <input type="checkbox"/> Parkinson's Foundation Website <input type="checkbox"/> Employer/Co-Worker <input type="checkbox"/> Family or Friend <input type="checkbox"/> Other _____
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PARTICIPANT RELEASE AND WAIVER OF LIABILITY

I have read, understand, and agree to the terms of the **Participant Release and Waiver of Liability** on the back of this form. By signing, you may be giving up important legal rights. Please read and be certain you understand everything before signing.

Participant Signature	Printed Name	Date

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

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

Parent/Guardian Signature	Printed Name	Date

See Next Page for Participant Release and Waiver of Liability >>>>>>

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.