



MOVING DAY[®] PARTICIPANT WAIVER



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 National Parkinson 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.

Signature	Printed Name	Date

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.

Parent/Guardian Signature	Printed Name	Date