



**Dallas
Area
Parkinson
Society**

6310 LBJ Freeway, Suite 213
Dallas, TX 75240
Phone: 972-620-7600
Fax: 888-710-9536

Participant Release & Information Form

DAPS group location: _____

How did you hear about this group? _____

I am aware that certain risks exist with all types of exercise and agree to accept full responsibility and to hold harmless the Dallas Area Parkinson Society, its officers, directors, advisors, employees, volunteer assistants and their representatives and agents, from any and all conditions, claims and/or damages that may arise from my involvement in the exercise program in which I participate or any other activities of the Dallas Area Parkinson Society in which I participate.

Date

Signature of Participant/Legal Guardian

Printed Name of Participant/Legal Guardian

In the event of a fall, may a DAPS representative have permission to assist? Y/N _____

Signature of Participant/Legal Guardian

Printed Name of Participant/Legal Guardian

CONTACT INFORMATION

Participant Name: _____

Address _____

Phone #: _____ E-mail: _____

Birthday (mm/dd/yy): _____

Please send me (one or both): Monthly DAPS newsletter via Email E-news & updates

In case of emergency notify:

Physician: _____ Phone #: _____

Hospital of Choice: _____

Family Member/Caregiver _____ Relationship: _____

Address: _____

Phone #: _____ Email: _____