

AUTHORIZATION AND RELEASE TO PARTICIPATE IN THE EXERCISE AND WELLNESS PROGRAM

By registering for this event and utilizing the provided link to join I understand and agree to the following:

I wish to participate in the Online Support Group as well as online live and/or videotaped exercise sessions with PDWELL: Parkinson's Therapy Wellness and Resource Center. I understand that this program will involve exercise and activities, which could be at times strenuous. I also understand that there may be risks associated with participating in an exercise program and I agree to assume such risks and waive any claim and hold harmless **PDWELL, its affiliates and its instructors** for any injuries or damages I sustain while engaged in this program or any of its activities.

I further understand that the exercise and activities associated with the wellness and fitness program may not be suitable for anyone with certain medical conditions, and that I should consult with my physician prior to initiating any exercise program. I should also contact my physician if I have any questions about the health benefits and risks of the programs.