



6370 LBJ Freeway, Suite 170  
Dallas, TX 75240  
Phone: 972-620-7600  
Fax: 888-710-9536

### Participant Release & Information Form

**Location(s) Attending:**

- Arapaho (Richardson)
- Baylor Water Therapy (Dallas)
- Custer Road (Plano) – exercise
- Custer Road (Plano) – Dance for PD®
- Dance for Movement Disorders (Dallas)
- Lakeside (Dallas)
- MacArthur Hills (Irving)
- Mesquite (Mesquite)
- Nor'kirk (Carrollton)
- Preston Hollow (Dallas)
- South Garland (Garland)
- Title Boxing (Allen) – non-contact boxing
- Trinity (Duncanville) – exercise
- Trinity (Duncanville) – Dance for PD®

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 Parkinsonism 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 Parkinsonism Society in which I participate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant/Legal Guardian

\_\_\_\_\_  
Printed Name of Participant/Legal Guardian

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### CONTACT INFORMATION

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_

**In case of emergency notify:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Family Member/Caregiver \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_



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## Doctor's Approval for Participation in Parkinson Appropriate Group Exercise

### Location(s) Attending:

- |  |  |
|--|--|
| <input type="checkbox"/> Arapaho (Richardson)                  | <input type="checkbox"/> Mesquite (Mesquite)                       |
| <input type="checkbox"/> Baylor Water Therapy (Dallas)         | <input type="checkbox"/> Nor'kirk (Carrollton)                     |
| <input type="checkbox"/> Custer Road (Plano) – exercise        | <input type="checkbox"/> Preston Hollow (Dallas)                   |
| <input type="checkbox"/> Custer Road (Plano) – Dance for PD®   | <input type="checkbox"/> South Garland (Garland)                   |
| <input type="checkbox"/> Dance for Movement Disorders (Dallas) | <input type="checkbox"/> Title Boxing (Allen) – non-contact boxing |
| <input type="checkbox"/> Lakeside (Dallas)                     | <input type="checkbox"/> Trinity (Duncanville) – exercise          |
| <input type="checkbox"/> MacArthur Hills (Irving)              | <input type="checkbox"/> Trinity (Duncanville) – Dance for PD®     |

\_\_\_\_\_ may engage in an active program provided by a physical therapist, occupational therapist or approved exercise leader employed by the Dallas Area Parkinsonism Society. The exercise provided to the patient shall have as its goals the development of increased mobility, increased physical tolerance, improved joint range of motion, improved balance and coordination and improved gait. I understand, however, that the Dallas Area Parkinsonism Society makes no representation or guarantees that the foregoing goals shall be met with respect to this individual patient.

Medical precautions to be observed if any:

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Current medications being taken:

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Date

Signature of Neurologist or Internist