

Dance for Parkinson's Program

CLASS REGISTRATION FORM

Updated August 27, 2017

To help us better serve you during the class, please identify yourself as one or more of the following:

- Person with Parkinson's
- Friend
- Family member
- Caregiver
- Health/Medical Professional
- Dance Professional

Today's Date _____

Name _____

Date of Birth _____ Male ___ Female ___
(MM/DD/YYYY)

Address _____ City: _____ State: _____ Zip: _____

Phone No. – Home _____ Work _____ Cell _____

E-mail Address: _____

Emergency Contact Name _____ Relationship to Participant _____

Emergency Contact Phone _____ Emergency Contact E-mail Address _____

How did you hear about our program? _____

Please read class policy and physical/media consent carefully before signing below

I declare that the above named participant is of sound physical condition to participate in this class, making no declaration to the contrary to the NEW ORLEANS JEWISH COMMUNITY CENTER (NOJCC) and NEW ORLEANS BALLET ASSOCIATION (NOBA), its partners, instructors, staff, board of directors, landlords, and insurance companies. I will provide notification to NOJCC and NOBA of any applicable allergies or medication requirements. I grant permission for the above named participant to take part and travel to/from the activities as indicated by written schedule distributed to us prior to the event.

I understand that adequate and appropriate supervision will be provided for all activities. Participation in any JCC and NOBA activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of these activities to be conducted by NOJCC and NOBA, I/WE as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify, defend, and hold harmless the NOJCC and NOBA, its partners, instructors, staff, board of directors, landlord, agents, officers, directors, independent contractors, volunteers, insurance companies, and all employees from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs and the costs of medical services) arising from such activities, including any accident, illness, death or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the NOJCC and NOBA.

In the event of an injury requiring medical attention, I grant permission to the supervising party (including volunteers) to attend to me. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. I give my permission to the supervising party (including volunteers) to take me to the physician, dentist, or hospital if necessary and I cannot be located.

Please list any health conditions, medications, or allergies applicable to the above named participant:

I give the NOJCC and NOBA the absolute right and permission, without compensation, to use my photograph or videography in promotional materials and publicity efforts. I understand that the photographs may be released to the local newspaper and other publications, as well as direct-mail, electronic media, broadcast and other forms of promotion. We further release the NOJCC and NOBA photographer and their agents from liability for any violation of any personal or proprietary right we may have in connection with such use.

SIGNATURE OF CONSENT: _____