

THE CENTER FOR MOVEMENT CHALLENGES, INC. PARTICIPANT AGREEMENT AND PHOTO RELEASE

NOTICE THIS IS A LEGAL DOCUMENT THAT CONTAINS A GENERAL RELEASE, IT SHOULD BE READ CAREFULLY AND FULLY UNDERSTOOD BEFORE SIGNING.**

By signing below, I ("Participant") agree to participate in the **No Limits Parkinson's Summit** (the "Event") hosted by **The Center for Movement Challenges, Inc.** ("CFMC"), a Georgia nonprofit organization. This Agreement applies to all participation in the Event, including as an attendee, volunteer, presenter, exhibitor, or other participant.

1. Acknowledgment of Event and Participation

I understand that the Event is an educational summit that may include presentations, demonstrations, light physical activity, movement-based experiences, and other related activities. I understand that participation in the Event may involve certain inherent risks.

2. Assumption of Risk

I acknowledge and understand that participation in the Event involves inherent risks, including but not limited to:

- Slips, trips, and falls in meeting rooms, hallways, parking lots, or other event areas
- Injury or discomfort resulting from optional movement demonstrations or physical activity
- Fatigue, dizziness, or other physical symptoms associated with underlying medical conditions
- Risks associated with standing, walking, or participating in event activities
- Risks associated with crowds or interactions with other attendees
- Risks associated with underlying health conditions, including Parkinson's disease or other movement challenges

I voluntarily assume full responsibility for any risks, injuries, or damages, known or unknown, that I may incur as a result of participating in or attending the Event.

3. Health Acknowledgment

I understand that I am responsible for determining whether I am physically able to participate in any portion of the Event, including any optional movement or exercise-related activities. I understand that:

- I should stop participation if I feel pain, dizziness, discomfort, or fatigue
- I am responsible for disclosing any relevant medical conditions if emergency assistance is needed
- Participation in the Event is not a substitute for medical care, diagnosis, or treatment

4. Release and Waiver of Liability

To the fullest extent permitted by law, I, on behalf of myself and my heirs, assigns, and representatives, hereby release, waive, discharge, and covenant not to sue CFMC and its officers, directors, employees, contractors, volunteers, sponsors, partners, presenters, exhibitors, and event venue representatives (collectively, the "Released Parties") from any and all liability, claims, demands, or causes of action arising out of or related to:

- My participation in or attendance at the Event
 - Any injury, illness, damage, or loss, including death
 - Any acts or omissions of the Released Parties, including negligence
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5. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from any claims, damages, costs, or expenses (including attorney’s fees) arising from my participation in the Event or my actions during the Event.

6. Medical Treatment Authorization

I authorize CFMC staff, volunteers, and event personnel to obtain emergency medical treatment on my behalf if necessary. I understand that I am solely responsible for any costs associated with such treatment.

7. Photographs and Media Release

I grant CFMC the irrevocable right to photograph, video record, and otherwise capture my likeness during the Event. I agree that these images may be used for promotional, marketing, educational, and related purposes without compensation.

8. Event Policies

I understand and agree that:

- CFMC reserves the right to modify, delay, or cancel the Event due to unforeseen circumstances or other conditions
 - All participants must sign this waiver prior to participation
 - CFMC may update the program, speakers, schedule, or activities as needed
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9. Governing Law

This Agreement shall be governed by the laws of the State of Georgia.

10. Acknowledgment and Signature

I acknowledge that I have read this Agreement in full, understand its terms, and voluntarily agree to be bound by it. I understand that I am giving up substantial legal rights, including the right to sue.

PARTICIPANT ACKNOWLEDGES HAVING HAD AN OPPORTUNITY TO READ THIS AGREEMENT IN FULL AND TO ASK QUESTIONS REGARDING ITS CONTENT BY CONSULTING WITH CFMC. PARTICIPANT UNDERSTANDS THIS AGREEMENT CONTAINS A RELEASE.

PARTICIPANT

Signature _____

Print Name _____

Date _____