



PARKINSON ASSOCIATION OF THE ROCKIES WEEKLY CLASS MEDICAL CONSENT FORM

The completed medical consent form and liability waiver are required to participate in one of the Parkinson Association of the Rockies programs. If you attend more than one type of class, each new instructor will require validation that the following form has been submitted.

Please Fill in Participant/Patient Name

The above participant has my consent to participate in the following weekly Parkinson Association Program(s).

Please circle all that apply

High Intensity Exercise <i>(Yoga, Non-contact Boxing, Circuit Training, HIIT, etc.)</i>	YES	NO
Low Intensity Exercise <i>(Walking Groups, PWR!, Yoga, Chair Yoga, Circuit Training, etc.)</i>	YES	NO
Dance Classes	YES	NO
Voice, Singing, Music Classes	YES	NO

Please indicate if there are any precautions, limitations or restrictions for this participant:

Physician Name

Physician Signature

Telephone Number

Date