

Sidekicks® Consent and Release Form – For Youth Participants

Welcome to Sidekicks.

All Sidekicks program adult and youth participants are required to read and acknowledge a Sidekicks Consent and Release Form. If the participant is not yet 18 years old, this form must be read and acknowledged by both the participant and a parent or legal guardian, and signed by a parent or legal guardian prior to participation in the Sidekicks program.

The Consent and Release Form can be acknowledged through the David Phinney Foundation online registration, or can be printed, signed, and mailed to the Community Outreach Program Manager at the Davis Phinney Foundation using the pre-addressed, postage-paid envelope provided (see Post-Workshop Tasks in the curriculum). Alternatively, forms can be scanned and emailed to sidekicks@dpf.org. You may contact the Community Outreach Program Manager with questions or concerns by calling 1-866-358-0285.

Thank you!

Waiver of Liability

In consideration of participating in Sidekicks: Uniting Youth and People with Parkinson's ("Sidekicks") and by signing this agreement, I hereby for myself, my heirs, my executors and administrators, waive and release any rights, claims, and causes of action that may arise against the following entities and individuals as a result of my involvement with and participation in the Sidekicks program, including any workshops, storysharing, celebrations, research, and engagement, and all actions necessary to my participation in those events: the Davis Phinney Foundation and Lundbeck (the "Organizing Entities"), as well as any organizations and persons that are involved in the development, planning, advertising, administration, or management of Sidekicks at the request of or in collaboration with the Organizing Entities, or are otherwise connected with the Sidekicks program ("Program Affiliates"). For clarity, the terms Organizing Entities and Program Affiliates shall include the employees, agents, representatives, volunteers, ambassadors, consultants, assigns, and successors that are authorized to act on behalf of the Organizing Entities and Program Affiliates with respect to Sidekicks. I attest and verify that I am medically able to participate and assume all risks of participating in this event.

In signing this release, I further acknowledge and represent that I have read this forgoing waiver of liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I execute this release for full, adequate and complete consideration fully intending to be bound by same. I hereby further agree that this waiver of liability shall be constructed in accordance with the laws of the State of Illinois. I have read and fully understand the foregoing and certify and represent that the information provided is true.

Work Product Acknowledgment and Assignment

With respect to any product that I create or contribute to as a participant in the Sidekicks program, including documents, videos, tapes, photographs, records, drawings, paintings, other artwork or similar product ("Product"), I assign to Sidekicks all title and interest in and to the Product, including all copyrights and inventions. No Product will be deemed or construed to be a "work made for hire" within

the meaning of that term under the federal Copyright Act. I also understand that I will be able to retain as my own practice each piece or copy of the Product I create or contribute to for personal, non-commercial use.

Photo, Video, Media Consent and Release

I consent to the use by the Organizing Entities and Program Affiliates **of my name, image, and/or likeness in any audio, visual, or written media relating to the Sidekicks program (“Media”)**. I further grant to the Organizing Entities and Program Affiliates the right to **use, exhibit, copy, reproduce, modify and display the Media, in any and all formats, for illustration, promotion, exhibition or editorial use, and to use my name in connection with the Media if one or any number of the Organizing Entities or Program Affiliates so chooses.**

Medical Release

I understand that there is risk I will sustain injury or become ill during a Sidekicks program session. In the event that my emergency contact cannot be reached in an emergency, I give permission to a physician selected by the Organizing Entities or Program Affiliates to secure proper treatment for me in case of an illness or injury. I authorize the use or disclosure of my health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

Other

I agree that the Organizing Entities and Program Affiliates are not responsible for lost, stolen or damaged property, including articles of clothing. I swear and affirm that I will act ethically and conduct myself with integrity as a volunteer participant in the Sidekicks program and that I will ensure a safe and welcoming environment for all other Sidekicks participants.

This Consent and Release Form shall inure to the benefit of the legal representatives, licensees, and assigns of the Organizing Entities and Program Affiliates, and shall be binding upon me and my heirs, legal representatives and assigns.

Participant Name, Please Print Participant Signature Date

Daytime Phone Number Cell Phone Number Participant Birth Date

If the participant is under the age of 18:*

I am the parent/legal guardian of the youth participant. I have read this Consent and Release Form and agree to the terms therein on behalf of myself and my child, and I consent to my minor child participating in the Sidekicks program.

Parent/Guardian Name, Please Print Parent/Guardian Signature Date

Daytime Phone Number Cell Phone Number

**Note: A participant under the age of 18 may not participate in the Sidekicks program unless this form is signed by the participant and his/her parent/legal guardian.*