

## Sidekicks® Consent and Release Form – For Adult Participants

### Welcome to Sidekicks.

The Consent and Release Form can be acknowledged through the Davis 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](mailto:sidekicks@dpf.org). You may contact the Community Outreach Program Manager with questions or concerns by calling 1-866-358-0285.

Thank you!

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### 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 (1) I have not been named as a perpetrator or offender in any report of child abuse; (2) I am not named or a participant in a sex offender registry; (3) I have not been convicted of a crime, other than a minor traffic offense, in the past five years; and (4) I have not been convicted of a crime or the attempt, solicitation, or conspiracy to commit a crime involving violence, bodily harm, stalking, kidnapping, unlawful restraint, sexual assault, indecency, child endangerment, obscenity, or sexual abuse.

If I am arrested, charged, indicted, or convicted in connection with any of the offenses listed above and/or named as a perpetrator or offender in any report of child abuse, I must notify Sidekicks immediately by contacting the Community Outreach Program Manager at the Davis Phinney Foundation at 1-866-358-0285, or [sidekicks@dpf.org](mailto:sidekicks@dpf.org), including before participating in a Sidekicks event or other program-related activity. I understand that: (A) I must be dismissed from my volunteer participation in Sidekicks if I am named as a perpetrator or offender in any report of child abuse, have been arrested, charged, indicted, or convicted in connection with any of the offenses described above, or for other reasons related to my background or conduct, e.g., if I have been convicted of a felony or a crime involving physical violence, child abuse, or child neglect; and (B) my volunteer participation in Sidekicks may be terminated for any reason at the discretion of Sidekicks staff. 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.

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Participant Name, Please Print

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Participant Birth Date