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 **Dance for Parkinson’s - Volunteer Application form**

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| Name:  |  |
| Age: |  | Gender: |  |
| Contact details: *(preferably email)* |  |
| Motivation for volunteering: |  |
| Relevant experience/training:  |  |
| Medical conditions to be aware of: *(incl. relevant past conditions)* |  |
| Emergency contact details: *(name, relationship to you, phone number)* |  |
| T-Shirt size: *(XS-XXL)* |  |

Health and Safety declaration:

I confirm that I will not hold Parkinson’s UK nor the dance teacher responsible for any injuries, loss or damage to the person or property for the duration of this project. I agree to let my teacher know if I am feeling unwell in class and will give them the opportunity to put steps in place to reduce the risk of my getting injured. I will work hard in class but I will always go at a pace that is comfortable for me and I will always listen to my teacher if she advises me to reduce the intensity of any given activity.

Media consent declaration:

I consent to being filmed / for my photo to be taken during class and for these materials to be shared publicly should it be required for promotional purposes.

 *I have read the above and agree to these terms. (Please tick the box)*

Signed:……………………………………………………………………………………………………….. Date: / /