



Brain Injury Association of Florida, Inc. Walking Buddies Project

BEFORE ANY WALKING BEGINS THIS MUST BE COMPLETED, SIGNED, AND DATED BY ALL PARTIES.

Directions: Please print four copies of this set of forms (one for you, one for the senior participant, one for the facility, and one for the University Intern Specialist). Take these forms with you to your first meeting with your senior participant. Make sure that each party understands and agrees to their responsibilities and that every page is signed and dated by all parties involved. Leave one copy with the senior participant, one copy with the senior facility, and keep one copy. **Mail the remaining copy to the Intern Specialist immediately. Once this form is received the Intern Specialist will send a confirmation email it was received and you can then, and only then, begin the next appointment that will actually involve walking.**

DO NOT WALK UNTIL THIS CONFIRMATION EMAIL IS RECEIVED!

I understand the directions and will not begin to walk with my senior partner until I get all 4 copies of these forms signed and dated. By filling in the information I am agreeing to these conditions set forth and stating that I understand I must have all these forms signed and dated before I begin walking.

REGISTRATION FORM

Date: _____

Student First Name: _____ Last Name: _____

University: _____ Email: _____

Address: _____

Phone: _____ Alt Phone: _____

Student Responsibilities:

I _____ understand and agree to the responsibilities listed below:

Signature: _____ Date: _____

- Be on time for all appointments.
- Maintain a calm, friendly, respectful, and courteous manner at all times.
- Attend training online and wrap-up sessions held in person by BIAF staff and/ or Intern Specialist.
- Call and set appointment times and meet individually with each senior participant/partner.
- Commit to walk with each senior participant/partner one day each week for no less than 10 minutes and no more than one hour during the program dates (12 weeks).
- Complete pre/post student questionnaires and all evaluations online.
- Assist senior participant/partner with pre/post interview questions and submit answers online.
- Review and check off "Be Head Smart, Seniors!" brochure with senior participant/partner.
- Assist senior participant/partner in completing Make a Difference Card and submit all cards to program administrator.
- Get signature of senior participant/partner and facility representative on weekly report forms.
- Submit weekly reports and all other requested reports and surveys in a timely manner.



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Senior Name: _____

Address: _____

Email: _____

Phone: _____ Alt Phone: _____

Senior Responsibilities:

I _____ understand and agree to the responsibilities listed below:

Signature: _____ Date: _____

- Be on time for all appointments.
- Maintain a calm, friendly, respectful, and courteous manner at all times.
- Meet with student participant/partner and complete Be HeadSmart, Seniors! checklist and Make A Difference card.
- Commit to walk with each student participant/partner one day each week for no less than 10 minutes and no more than one hour during the (12 weeks).
- Answer and complete pre/post walker interviews and all other evaluations initiated by student participant/ partner.
- Sign weekly walking reports when walk is completed.

Consent and Release Form Be HeadSmart, Seniors! Walking Buddies Program

The undersigned is voluntarily participating in the Walking Buddies Program; this is an activity that will occur at a variety of sites including on public thoroughfares. The undersigned understands that there are risks inherent in this type of activity, including but not limited to known and unknown hazards along the route, traffic hazards and the possible hazards of physical activity due to unknown medical conditions. By signing this statement, the undersigned acknowledges understanding that his/her physician should be consulted prior to engaging in any physical activity. The undersigned also acknowledges his/her choice to engage in this project with its inherent risks and accepts the liability for such risks attendant to this activity.

By signing this Consent and Release, the undersigned does hereby completely and fully release and discharge Brain Injury Association of Florida, Inc. and its officers, directors, shareholders, and members (hereinafter referred to as "BIAF") of and from any obligation, liability or responsibility arising out of all claim(s) and/or action(s) for which may occur in the course and scope of any and all participation in the WALKING BUDDIES PROGRAM.



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Further, in consideration of the acceptance of my participation, _____ (name of student participant) _____ (name of senior participant), in the *WALKING BUDDIES PROGRAM* sponsored by BIAF and _____ (name of Senior Center/Facility) and _____ (name of University), and with the understanding that walking with others may cause personal injury to me or my child which may include contact to any part of my body which comes in contact with others and objects that may result in physical and mental injuries, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such WALK PARTICIPATION and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are BIAF and _____ (name of Senior Center/Facility) and _____ (name of University) their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during, or after such participation.

Furthermore, this Consent and Release shall release BIAF and _____ (Senior Center/Facility) and _____ (name of University) from any related health, disability, bodily injury or mental/psychological injury and/or personal injury cause of action initiated against BIAF and _____ (Senior Center/Facility) and _____ (name of University) and any applicable insurance coverage and/or disability insurance and/or workers compensation coverage from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have, on account of any personal injuries, improper or unwanted contact, battery, assault, either simple or aggravated in nature, defamation, slip and fall, trip and fall, negligence on the premises, security negligence, and any other colorable cause of action against BIAF and _____ (Senior Center/Facility) and _____ (name of University).

By signing this statement I acknowledge giving my consent to release the use of any images of me obtained during the event to be used in any publication or news release promoting or reporting this event.

If I am an employee, contractor, or otherwise receive payment from BIAF, I am also acknowledging by signing this statement that I have not been required to participate and that I am voluntarily accepting participation in this activity.

DATED ON THIS THE _____ DAY OF _____, 2009.

Signature or Student Participant

Signature of Senior Participant

Print Name of Student Participant

Print Name of Senior Participant