



FIGHTING BACK AGAINST PARKINSON'S

Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program.
To begin, please complete the following documents:

1. Member Information Form
2. PDQ-39 Questionnaire
3. Personal Waiver and Release of Liability

Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Business Phone _____ Email _____

How did you hear about Rock Steady (circle)? Referral / Media /Website / Other _____

Emergency Contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

*This proprietary information has been prepared by RSB Headquarters for use by RSB Affiliates and boxers.
It is not for public dissemination © 2016*

Parkinson's Information:

Estimated date of diagnosis ____/____/____

Which symptoms are you experiencing? (check all that apply)

- ☐ Tremors - if yes, which side is most affected? ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Postural changes
- ☐ Loss of balance in the last year
- ☐ Slowness of movement
- ☐ Vision impairment
- ☐ Difficulty concentrating or staying focused
- ☐ Fatigue
- ☐ Depression
- ☐ Do you take medicine for Parkinson's? If yes, please list:

_____	_____	_____
_____	_____	_____

Other Health Questions

Do you: (check all that apply)

- ☐ Use a walker, wheelchair or other assistive device
- ☐ Have Deep Brain Stimulation (DBS)
- ☐ Feel dizzy or unsteady with sudden movements
- ☐ Have difficulty getting down or rising from a seated or lying position

AHA/ACSM Health/Fitness Facility Pre-Participation Screening Questionnaire



History: (check all that apply)

You have had:

- ☐ **A heart attack**
- ☐ **Heart surgery**
- ☐ **Cardiac catheterization coronary**
- ☐ **Angioplasty (PTCA)**
- ☐ **Pacemaker/implantable cardiac defibrillator**
- ☐ **Rhythm disturbance**
- ☐ **Heart valve disease**
- ☐ **Heart failure**
- ☐ **Heart transplantation**
- ☐ **Congenital heart disease**
- ☐ **Other heart condition (specify) _____**

Symptoms:

- ☐ **You experience chest discomfort with exertion**
- ☐ **You experience unreasonable breathlessness**
- ☐ **You experience dizziness, fainting or blackouts**
- ☐ **You take heart medications**

Other health issues:

- ☐ **You have diabetes**
- ☐ **You have asthma or other lung disease**
- ☐ **You have burning or cramping sensation in your lower legs when walking short distances**
- ☐ **You have musculoskeletal problems that limit your physical activity**
- ☐ **You have concerns about the safety of exercise**
- ☐ **You take prescription medication(s)**
- ☐ **You are pregnant**

Notes and Questions

What symptoms of Parkinson's are you experiencing in your daily life?

Have you been diagnosed with any other medical problems we should be aware of?

What do you wish to gain from joining Rock Steady Boxing?

Do you have questions or concerns about the program before we get started?

Additional administrator notes: _____

(Administrator to explain Media Release)

Media Release

I _____ (member name) allow Rock Steady Boxing to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing.

Signature _____ Date _____



Community Services Department
2001 East Street ● Woodland, CA 95776 • Phone: (530) 661-2000 ● Fax: (530) 666-7257
www.cityofwoodland.org/communityservices

Registration & Information Form

Mark Your Calendars Please Note the activity times, dates, and locations for courses and events.

Pre-Registration Nothing cancels a class faster than low enrollment. Each class strives for a minimum enrollment level that will cover the costs for instructor and facility use. If you see a class you are interested in, register early and invite a friend. We have 4 easy ways to register.

Receipts In an effort to keep costs down, we do not send receipts by mail. Receipts are available at the office by request.

What to bring? What to wear? Read the class descriptions for what to bring or what to wear for fitness, dance, Sports, or other special interest classes.

Refunds and transfers are granted to cancellations received 72 hours prior to the first class unless otherwise noted in the class description. Failure to attend a class does not constitute grounds for a refund if you are not satisfied with a program you've attended, please contact the program supervisor. All changes and cancellations are subject to a *\$15.00 administrative fee*.

Household Information

Primary Contact _____ DOB _____

Address _____ City _____ Zip _____

Email Address _____ @ _____ Primary Phone _____

Additional Adult _____ DOB _____

Male/Female Child 1 _____ DOB _____

Male/Female Child 2 _____ DOB _____

Male/Female Child 3 _____ DOB _____

Male/Female Child 4 _____ DOB _____

Family Emergency Contact Information

Name _____ Phone _____



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www.cityofwoodland.org/communityservices

Waiver of Liability, Medical Release, and Indemnification Agreement for Minor and Adult Participant

In consideration for myself and my minor child(ren) being permitted by the said City to participate in the above listed activity each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage me or my minor child(ren) may sustain or which may occur as a result of my or my minor child(ren)'s participation in said activity. I understand and agree that:

1. This release is intended to discharge in advance the said City (its officers, employees, agents, or partners) from and against any and all liability arising out of or connected in any way with the participation of me or my minor child(ren) in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (or its officers, employees, agents or partners).
2. Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity;
3. That serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof;
4. Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the said City (its officers, employees, agents, or partners) who through negligence or carelessness might otherwise be liable to me or my minor child(ren). It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned.
5. Each of us further agrees to indemnify and to hold the said City (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage which myself or my minor child(ren) may sustain while participating in said activity.
6. I certify that I have custody or am the legal guardian of said minor by court order.
7. I further agree to reimburse or make good any loss or damage cost that said City (its officers, employees, agents, or partners) may have to pay if any litigation arises on account of any claim made by myself or my minor child(ren) or by anyone on behalf of said minor.
8. I agree that in the event said minor requires medical or surgical treatment while under the supervision of said City's recreation personnel in connection with the described activity, such supervisor may authorize treatment.
9. I agree that in the event said minor requires urgent medical or surgical treatment while under the supervision of City, and the City is unable to reach me to authorize consent, City may authorize treatment. I further agree that City may provide limited non-invasive medical services (including, but not limited to, application of bandages or ice/heat) to said minor without requiring my authorization.
10. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
11. Activities are not child care as defined by the State of California.
12. I give consent to the City Woodland to photograph or videotape me or my minor child(ren). I understand the pictures or video may be included in the promotion of all City programs.
13. I give consent to the City of Woodland to send me text messages. Standard message and data rates apply. Reply **STOP** to stop. Reply **HELP** for help.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the said City and I sign it of my free will.

I agree to accept and abide by the rules and regulations of the City of Woodland.

Signature

Date



WAIVER & RELEASE OF LIABILITY

Rock Steady Boxing, Inc. (hereinafter, "RSB"):

The individual named below (referred to as "I" or "me") desires to participate in the Rock Steady Boxing program (the "Activity"). As lawful consideration for the intangible value that I will gain by participating in the Activity, I agree to all the terms and conditions set forth in this Waiver and Release of Liability (this "Release").

I am aware and understand the nature of the Activity, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I reserve the right, without penalty, financial or otherwise, to immediately discontinue further participation in the activity and bring such condition to the attention of the management of RSB.

I AM AWARE AND FULLY UNDERSTAND that (a) the Activity involve risks and dangers of **SERIOUS BODILY INJURY**, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the Activity, the conditions under which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.

I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RSB, its clubs and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the Releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.

I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable -- if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Indiana without giving effect to any choice or conflict of law provision or rule (whether of the State of Indiana or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in Marion County, Indiana and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASEES.

Date ____/____/____

Printed Name of Applicant

Signature of Applicant



PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick one box for each question

***Due to having Parkinson's disease,
how often during the last month
have you....***

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Had difficulty carrying bags of shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Had problems walking half a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Had problems walking 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Had problems getting around the house as easily as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Had difficulty getting around in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Needed someone else to accompany you when you went out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Felt frightened or worried about falling over in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Been confined to the house more than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Had difficulty washing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Had difficulty dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Had problems doing up your shoe laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

***Due to having Parkinson's disease,
how often during the last month
have you....***

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
14	Had problems writing clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Had difficulty cutting up your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Had difficulty holding a drink without spilling it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Felt isolated and lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Felt weepy or tearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Felt angry or bitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Felt anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Felt worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Felt you had to conceal your Parkinson's from people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Avoided situations which involve eating or drinking in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Felt embarrassed in public due to having Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Felt worried by other people's reaction to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Had problems with your close personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Lacked support in the ways you need from your spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If you do not have a spouse or partner tick here</i>		<input type="checkbox"/>			
29	Lacked support in the ways you need from your family or close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have ticked one box for each question before going on to the next page

***Due to having Parkinson's disease,
how often during the last month
have you....***

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Felt your memory was bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Had difficulty with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Felt unable to communicate with people properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Felt ignored by people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Had aches and pains in your joints or body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

Thank you for completing the PDQ 39 questionnaire

AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire

Assess your health status by marking all *true* statements

History

You have had:

- ☐ a heart attack
- ☐ heart surgery
- ☐ cardiac catheterization
- ☐ coronary angioplasty (PTCA)
- ☐ pacemaker/implantable cardiac
- ☐ defibrillator/rhythm disturbance
- ☐ heart valve disease
- ☐ heart failure
- ☐ heart transplantation
- ☐ congenital heart disease

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a **medically qualified staff**.

Symptoms

- ☐ You experience chest discomfort with exertion.
- ☐ You experience unreasonable breathlessness.
- ☐ You experience dizziness, fainting, or blackouts.
- ☐ You take heart medications.

Other health issues

- ☐ You have diabetes.
 - ☐ You have asthma or other lung disease.
 - ☐ You have burning or cramping sensation in your lower legs when walking short distances.
 - ☐ You have musculoskeletal problems that limit your physical activity.
 - ☐ You have concerns about the safety of exercise.
 - ☐ You take prescription medication(s).
 - ☐ You are pregnant.
-

Cardiovascular risk factors

- ☐ You are a man older than 45 years.
 - ☐ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
 - ☐ You smoke, or quit smoking within the previous 6 months.
 - ☐ Your blood pressure is >140/90 mm Hg.
 - ☐ You do not know your blood pressure.
 - ☐ You take blood pressure medication.
 - ☐ Your blood cholesterol level is > 200 mg/dL.
 - ☐ You do not know your cholesterol level.
 - ☐ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
 - ☐ You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week).
 - ☐ You are > 20 pounds overweight.
-

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

- ☐ None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

Physician Medical Release Form
TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER



Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program for people with Parkinson's disease. Our goal is to help your patient have a better quality of life through fitness and socialization. The activities may involve cardiovascular training (jumping rope, walking/running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Safety and modifications for various levels of fitness and disease progression are considered.

PHYSICIAN'S RECOMMENDATION

- ☐ I am not aware of any restrictions to participate in this exercise program.
- ☐ I believe the patient can participate but would urge caution (*please explain*): _____

☐ Patient should not engage in the following activities: _____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____	Effect _____
Type of medication _____	Effect _____
Type of medication _____	Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed name _____

Phone _____

Signature _____

RETURN TO

Dallas Tringali
City of Woodland Senior Center
2001 East St. Woodland, CA 95776
(530) 661-2001 phone // (530) 666-7257 fax
dallas.tringali@cityofwoodland.org



Designated "Cornermen"

At Rock Steady Boxing, taking care of our care partners (we call them "Cornermen") is an important part of our program. Cornermen give so much back to Rock Steady by creating support groups, assisting and organizing our functions and fundraisers, and giving much needed feedback to us about how we can better meet the needs of our participants. Parkinson's boxing members are entitled to select **one** designated care partner, or "cornerman", who may enjoy the same privileges as our Parkinson's class members without any additional cost. Designated cornermen are welcome to attend Rock Steady events, boxing classes, support groups, or training classes (for example: CPR/AED certification classes) without additional restrictions or fees. Complimentary cornerman memberships are not transferrable.

A designated cornerman:

- Is encouraged to attend a Volunteer Orientation Class
- Must accompany the Parkinson's boxer who designated them as their cornerman in order to participate in the workout
- **May need to step in as an assistant to volunteers or head coaches during class at the Coaches Request**
- Will become familiar with Rock Steady Boxing emergency procedures
- Will understand that our **Parkinson's boxers are first priority** for head coaches and volunteers
- Will agree to follow the same rules and regulations as Rock Steady members

**If it has been determined upon assessment a new boxer requires assistance to be safe during class, it will be necessary for that boxer to be accompanied by a willing and able assistant in order to participate in class, for the safety of the boxer, other members, and to minimize risk and liability. I understand the terms of this agreement and will make sure my boxer has the required assistance necessary during class.*

Please check this box that you have read the above statement and that you understand.

Name_____ Date_____