



## Welcome to U-Turn Parkinson's!

We here at U-Turn Parkinson's are thrilled that you have made the decision to join us in fighting back against Parkinson's!

Our team of coaches, physiotherapists, certified trainers and volunteers are eager to help you in your desire to live your best. We want to help you meet your personal physical activity goals and slow the progress of the disease in your life.

### *Together We Can #UTurnPD!*

In order to get you started in a timely fashion please fill out and return the **Registration Package** as soon as possible. Once the package has been submitted, an appointment with River East Physiotherapy will be made to complete your initial assessment\*\*. Our assessment process is in place to ensure that we provide you with a safe and appropriate program. The fee associated with the assessment may be covered by your health benefits or it can be paid personally. Please speak to us if you have any concerns regarding the assessment process.

**\*\*Note that assessments are only needed for the Rock Steady Boxing program\*\***

Equipment is provided by U-Turn Parkinson's thus there is nothing that you must purchase to participate in the classes. However, some do choose to purchase hand wraps, their own boxing gloves, yoga mats and other items to suit their personal tastes. Feel free to contact us as we would be happy to help you with this.

**What to wear to class:** you should attend each class in loose fitting exercise clothing and comfortable indoor shoes (outdoor shoes are strictly not allowed). You should also bring water. *Then bring a smile because we are going to have a great time!*

**Class Times & Locations:** we have a number of class times throughout the week. You can find our current schedule on the website: [www.UTurnParkinsons.org/programs](http://www.UTurnParkinsons.org/programs). Our facilities are located at Unit 1 – 55 Henlow Bay, 2405 McGillivray Blvd (South Side) and 1125 Molson Ave (North Side). All class times are day-time or late afternoon. Rock Steady Boxing participants are *assigned* a class time thus it is important that you speak with a staff member before attending a class. The membership fees are paid via credit card automatic withdrawal. You are welcome to view a class prior to registering, simply call or email the office to arrange a time.

If you have any additional questions we are always here to help! **Please reach out to us at 204-510-4869 or by email at [info@UTurnPD.org](mailto:info@UTurnPD.org)**. Additional information can be found on our website [www.UTurnParkinsons.org](http://www.UTurnParkinsons.org).

Once again, welcome! We look forward to getting to know you and together fighting to UTurnPD!

U-Turn Parkinson's Staff



U-Turn Parkinson's is a Canadian charity (charitable #775822827) committed to  
*empowering people living with Parkinson's in their pursuit of Wellness.*

## U-Turn Parkinson's Class & Membership Pricing\*\*

Effective Jan 1, 2020

Winter/Spring/Summer/Fall***			
Rock Steady Boxing Winnipeg		Bundled Pricing (RSBW & YOGA)	
\$35/mos	One class per week	\$105/mos	2 Boxing Classes/ Wk & Yoga
\$70/mos	Two classes per week	\$135/mos	3 Boxing Classes/Wk & Yoga
\$100/mos	Three Classes per week		
Yoga Parkinson's			
\$55/mos	One class per week	BRING A FRIEND INCENTIVE*	
		If you bring a friend with PD and they <b>Sign-up</b> for any monthly <b>boxing, yoga or bundled membership</b> , you EACH will receive a \$35 Gift Card** which can be used toward classes and/or merchandise!	
U-Tunes		<i>*For current members only, no limit, U-Tunes not included</i>	
Pay-it-Forward	One class per week	<i>** Gift cards must be used within 1 year of purchase date</i>	

Other programs made available from time to time may be at an additional cost.

\*\*Prices are subject to change

\*\*\*Classes will continue to run throughout the year, however members will need to indicate and commit to the class days and times they plan to attend during Winter/Spring/Summer/Fall sessions:

Winter=Jan-March  
Spring=April-June  
Summer=July-August  
Fall=Sept-December

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## **MEMBERSHIP AGREEMENT**

This Membership Agreement (the “**Agreement**”) is made between U-Turn Parkinson’s Inc. (UTP), and the undersigned (member). This Agreement is made because member wishes to take part in classes offered by U-Turn Parkinson’s.

### **Contact Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship Phone Number(s)

### **1. Membership & Fees:**

Memberships with U-Turn PD will be reviewed and renewed annually in Jan/Feb. Membership entitles you to attend RSBW, Yoga Parkinson’s and U-Tunes classes as outlined below and is created when you execute this Agreement, including fulfilling all Membership Qualifications below, and pay your Fee, defined as follows:

(\*Please note that is our desire to see anyone who wishes to participate in our programming do so regardless of financial ability. Ask about our **Scholarship Fund** that assists individuals in attending class who might not otherwise. All enquires will be handled with the utmost discretion.)

### **\$25 admin fee applied once per year upon renewal**

#### **Rock Steady Boxing Winnipeg**

#### **Bundled Pricing**

☐ **\$35/month** 1 class per week

☐ **\$105/month** =2 x week RSBW, Yoga x1

☐ **\$70/month** 2 classes per week

☐ **\$135/month**= 3 x week RSBW, Yoga x1

☐ **\$100/month** 3 classes per week

#### **Yoga Parkinson’s**

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☐ **\$55/month** 1 class per week

**U-Tunes Singing Group**

☐ **Pay-it-Forward** 1 class per week

Total \$\_\_\_\_\_/Month Withdraw will occur on the 1st of every month

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

**Rock Steady Boxing T-Shirts** are made available for \$25 each. Please indicate the size and number of shirts you would like:

☐ Small \_\_\_\_ ☐ Med \_\_\_\_ ☐ LG \_\_\_\_ ☐ XI \_\_\_\_ ☐ 2XI \_\_\_\_

# of Shirts \_\_\_\_ x \$25 each = TOTAL \$\_\_\_\_ ☐ Please charge credit card on file

**2. Billing Authorization:**

I hereby authorize UTP to bill the following credit card on the 1<sup>st</sup> day of the month for the fees, as outlined above

Type of Card: ☐ MasterCard ☐ Visa

C/C #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

**Signature** \_\_\_\_\_

**3. Membership Changes:**

Any changes to your membership must be made with a **minimum of 30 days** advance written notice to UTP sent to [info@uturnpd.org](mailto:info@uturnpd.org). The written notification must include the change(s) requested, after which UTP will adjust the membership and fee payment accordingly for 30 days from when the request was received. In no instance will a change be applied retroactively. No changes will be made to your membership without 30 days advance written notice except under the following circumstances: Note from Physician, Sudden Illness

**4. Membership HOLD:**

You may put your Membership on hold for any reason for a minimum of one (1) month, up to a maximum of three (3) months. **Any hold or change to membership is effective only upon 30 days advance written notice to UTP**, sent to [info@uturnpd.org](mailto:info@uturnpd.org). The written notification must include the period which you request the Hold to be applied. In no instance will a Hold apply retroactively. During a Hold, you may not attend classes and you will not be billed. Payments shall resume immediately upon the expiration of the Hold. A hold may be utilized one (1) time each calendar year. An administration fee of \$25.00 will be applied to each

hold.

5. Closings:

From time to time, the Facility may be partially or fully close and be unavailable for use for reasons including, but not limited to, renovation, repair, special events, or holidays. UTP will make every effort to minimize disruption to members during these periods. Any such closures will be communicated as soon as possible to members. If we are not able to hold a class you will have the option to and be responsible for making up your class on another day. Refunds will not be given for closures.

## MEMBERSHIP REQUIREMENTS

1. Required Forms:

All the Required Forms must be completed and submitted to UTP prior to the commencement of classes.

The Required Forms\* include:

- i. This Agreement
- ii. Agreement & Liability Form
- iii. Physician Medical Release
- iv. Completed Assessment Forms from REPT (Those participating in Rock Steady Boxing)

*\*subject to change*

2. Cornerperson: Each Rock Steady Boxing participant is assigned a fall risk number 1, 2, 3 or 4 based on their assessment with our Physiotherapist. Those assessed as level 3 or 4 (high risk for falls) are required to bring a "Cornerperson" to walk through the class with them as per the Rock Steady Boxing Policy. A cornerperson is there to provide support, encouragement and ensure the safety of the person participating in class. A Cornerperson can be a spouse, partner, caregiver, support worker, family member or friend.

## MEMBER RESPONSIBILITIES

1. You agree to abide by all policies, guidelines, rules, and regulations (together, the "**Rules**") for safe use of the Facility and equipment, including following any verbal or written instructions provided by UTP's coaches and/or volunteers, and not endanger any other member. The Rules are subject to change.
2. You agree to seek instruction from UTP's coaches and/or volunteers in the use of all equipment, including, but not limited to, fitness machines, free-weights, and cardio- aerobic equipment, prior to use.
3. You acknowledge and agree that (i) there are risks associated with any strenuous athletic or physical activity, the use of exercise equipment, and participation in an exercise program; (ii) use of the Facility and exercise equipment is undertaken by you voluntarily; and (iii) such use may include the risk of serious bodily injury or death.
4. You represent to UTP that you have no other no disabilities, impairments, injuries, diseases, or ailments that prevent you from engaging in active or passive exercise or which would cause an increased risk of injury or adverse health consequences because of such exercise.
5. You understand and acknowledge that neither UTP, its coaches or volunteers (U-Crew) have expertise in diagnosing, examining, or treating any medical condition. In the event you experience any illness, injury, discomfort, impairment, or other health problem (together referred to as a "**Health Problem**") prior to or during a class, you agree to (i) **immediately inform your coach of such Health Problem**, and (ii) consult your physician and reconfirm your physician's consent to or approval of your continued participation in activities at or with the Club.

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6. UTP urges you to not bring any valuables into the Facility. You agree that UTP will not be liable for the loss or theft of, or damage to, your personal property.
7. You understand that it is your responsibility to inform UTP of any membership changes or holds with 30 days advance written notice sent via email to [info@uturnpd.org](mailto:info@uturnpd.org). You further understand that although classes run throughout the year, you will be responsible for indicating and committing to specific class days and times according to Winter/Spring/Summer/Fall Sessions.

## RIGHTS TO CANCELLATION

1. You may cancel your membership at any time with 30 days' written notice. Notice must be provided to **info@uturnpd.org**. In the event of your cancellation of this Agreement UTP will cancel any upcoming automatic payments that have been scheduled and provide confirmation.
2. UTP reserves the right to amend this agreement without notice. UTP reserves the right to cancel this Agreement and terminate your Membership or other privileges granted by this Agreement in the event of a Member Default. A Member Default includes (i) your failure to comply with any of the Wellness Centre Rules; (ii) intentional or negligent misrepresentation of information contained in this Agreement, or; (iii) failure to make timely payment of your obligations under this Agreement. A terminated Member shall remain fully liable to UTP for all Fees and any other expenses payable.

## MISCELLANEOUS

### 1. Confidentiality:

Information you provide to UTP in this Agreement, including but not limited to that information provided in the Required Forms (the "**Confidential Information**"), will be treated by UTP and its personnel as confidential, and will not be released or revealed to any person outside of UTP without your express written consent or as required by law. UTP shall employ reasonable and appropriate safeguards to protect your Confidential Information. Notwithstanding the foregoing, you agree that UTP may use or allow such use by another of your Confidential Information in any manner so long as it is not personally identifiable to you.

2. Photo and Video Release: I grant to U-Turn Parkinson's Inc. all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by U-Turn Parkinson's Inc. in connection with my participating in any programs offered by U-Turn Parkinson's Inc. These images and recordings may be used for public relations, marketing and education through any form of media and/or electronic materials.

☐ Photo/Video Exclusion: I do not want to have my photo/video taken under any circumstances

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Date

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Print Name

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Signature

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## Medical Release Form

Your patient wishes to participate in a boxing inspired, non-contact, exercise program for those with Parkinson's disease. The program will include stretching / flexibility, core strengthening, resistance training, cardiovascular training (footwork drills, jumping rope, bag drills, battle ropes, punching speed bags and heavy bags, etc.). Participants will attend up to three times weekly for sixty minutes. Participants can reach up to 90 percent of their maximum heart rate.

### Physician's Recommendation:

Patient's name: \_\_\_\_\_ is / is not able to participate

in the Rock Steady Boxing program with the following restrictions:

\_\_\_ Unrestricted

\_\_\_ Restricted from the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Physician / Clinic Stamp:

*Note: This Physician Activity Clearance is valid for a maximum of one year from the date it is completed and becomes invalid if the patient's medical condition deteriorates significantly.*



## Client Agreement & Liability Waiver

- A) I, the undersigned, acknowledge that this Agreement & Waiver includes and covers all programs offered by U-Turn Parkinson's that I choose to participate in. Including but not limited to Rock Steady Boxing Winnipeg, Yoga Parkinson's, U-Tunes, and others that are not presently but may become part of the programming of U-Turn Parkinson's.
- B) The participant acknowledges that there are some inherent risks, including risk of illness, injury or death, which may be caused by negligence of others, physical exertion, forces of nature, or other agencies known or unknown. The participant acknowledges that he/she has not received any information from U-Turn Parkinson's Inc. or any of its directors, employees or volunteers that in anyway minimizes the risk of his/her participation with U-Turn Parkinson's Inc.
- C) Without limiting the generality of the forgoing, the participant specifically acknowledges and understands that the activities of yoga, boxing or combative sports can and maybe higher than that of other sports, notwithstanding the due diligence of the volunteers and employees of U-Turn Parkinson's Inc. or the other participants. The participant specifically acknowledges, assumes and accepts these risks, and accordingly agrees to the following:
1. ASSUME AND ACCEPT ALL RISK, DANGER AND HAZARDS, including without limitation, illness, loss or damage to his/her person or property, that is in anyway connected with his/her classes with U-Turn Parkinson's Inc.
  2. WAIVE ANY AND ALL CLAIMS that he/she may have against U-Turn Parkinson's Inc., its directors, volunteers, employees and its other participants in respects of his/her participation with U-Turn Parkinson's Inc.
  3. RELEASE AND DISCHARGE U-Turn Parkinson's Inc. employees, volunteers and it's other participants from any and all liabilities as a result of any loss, damage, injury, or expense that he/she participation with U-Turn Parkinson's Inc., including the negligence of any coach or volunteer of U-Turn Parkinson's Inc.
  4. INDEMNIFY AND SAVE HARMLESS U-Turn Parkinson's Inc. its directors, employees and volunteers from any and all liabilities as a result of any property damage, personal injury or death suffered by him/her or by a third party as a result of his/her participation with U-Turn Parkinson's Inc. or any of its programs.
- D) The agreement shall be binding upon the participant, his/her heirs, next of kin, personal representatives, executors, successors, and assigns, and any minor accompanying the participant.
- E) The participant acknowledges having read this agreement, fully understanding its contents, and fully and voluntarily agrees to its contents, after having a reasonable opportunity to review it. The participant acknowledges that this agreement affects his/her legal rights.
- F) **Photo and Video Release:** I grant and convey to U-Turn Parkinson's Inc. all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by U-Turn Parkinson's Inc. in connection with my participating in any program offered by U-Turn Parkinson's Inc. These images and recordings may be used for public relations, marketing and education through any form of media and/or electronic materials.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_





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