



AFA's Dementia Experience Participant Consent and Release Form

Participant Name: _____

By participating in AFA's Dementia Experience (the "Experience"), the participant or any other party associated with the participant recognizes this is educational in nature, is for informational purposes, and is intended to provide the participant with information to facilitate a meaningful discussion with the participant's acquaintances, family or health care provider. The participant understands that the Experience may be disorienting and disquieting.

The participant, or any other party associated with the participant, assumes all risks associated with the use of and/or participation in the Experience, and agrees to release and hold harmless the Alzheimer's Foundation of America, its employees, agents and/or other representatives from any and all liability, claims and/or actions that the participant may have now or in the future arising from the use of or participation in the Experience.

Name: _____

Signature: _____

Date: _____