

(Page 1 of 2) Release and Waiver of Liability, Assumption of Risk and Hold Harmless Agreement :
Innate Movement Parkour LLC

Description of Event(s): Parkour Indoor/Outdoor Classes, Demonstrations

I, the undersigned, hereby request voluntary participation on behalf of (circle one):
myself/my minor

to participate in the event(s) identified above (hereinafter "Event(s)").

I am familiar with the concept of Parkour and the physical demands involved, which include running, climbing, jumping, vaulting, balancing, crawling and other strenuous actions sometimes involving height, speed, and unpredictable surfaces. I understand that Parkour is a high-impact, full-body activity which requires intense focus, awareness of my body's strengths and limitations, awareness of the environment around me, and extreme caution at all times. I understand that I must exercise good judgment at all times in order to remain safe, including stopping immediately if I feel lightheaded, faint, weak, or in pain. If at any time I feel I cannot continue to participate safely for any reason, whether because of a physical condition, the actions of myself or others, or any other reason, I must immediately discontinue involvement. As with any strenuous physical activity, I am aware that I must take any and all necessary precautions, including but not limited to seeking advice from my physician, prior to taking part in the Event(s). **I understand and acknowledge that participation in the Event(s) may involve risk** of serious injury or death, including injuries which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the Event(s) is conducted, and/or the physically strenuous nature of Parkour. I or my Parent or Guardian, where applicable, warrant and promise that I assume full responsibility for my conduct and safety at all times, whether or not in actual participation and/or at the Event(s) site.

I certify that I am in good health and have no physical condition that would prevent participation in the Event(s) or put me at greater risk for injury. I agree that all activities undertaken at the Event(s) are conducted at my own risk. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required. Knowing and understanding the risks involved with participation in the Event(s), I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the Event(s).

In consideration of my participation in the activity, **I hereby waive all claims or causes of action against Innate Movement Parkour LLC**, its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Event(s) takes place (collectively and hereinafter "Releasees").

I agree and covenant to indemnify and hold harmless Releasees from all liability, claims, demands, losses, or damages on my account, whether caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, and agree that if, despite this release, waiver of liability, and assumptions of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage, litigation expense, attorney fees or costs they may incur as the result of such a claim.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT. I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name of participant: _____ Date of Birth: ___/___/___

Participant signature (if 18 or older): _____

Emergency contact name and phone number: _____

Name of parent or legal guardian (if participant is under 18): _____

Signature of parent or legal guardian (if participant is under 18):

Date: ___/___/20___

Innate Movement Parkour LLC

Permission to use photographs and video.

I grant to Innate Movement Parkour LLC, its representatives and employees the right to take photographs and video of me during my participation in the company's activities. I authorize Innate Movement Parkour LLC, its assigns and transferees to copyright, use and publish same in print and/or electronically.

I agree that Innate Movement Parkour LLC may use such photographs and video of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature: _____

Printed name: _____

Organization Name (if applicable): _____

Signature of parent or guardian (if under age 18): _____

Date: _____

Email Address: _____