

I, the undersigned, hereby voluntarily request to participate in parkour Indoor/Outdoor Classes with Parkour Visions (hereinafter "Events").

1. I am familiar with the concept of parkour and the physical demands involved, including running, climbing, jumping, vaulting, 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, body awareness, awareness of the environment, and extreme caution at all times.

2. I understand that I am responsible for my safety so I must exercise good judgment at all times, including stopping immediately and notifying staff 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).

3. 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, and/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.

4. 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).

5. I hereby waive all claims or causes of action against Parkour Visions, 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: ____/____/____

Email: _____ Phone: (____)____-____ Monthly Newsletter? Yes No

Emergency Contact (Full Name): _____ Phone: (____)____-____

Participant Signature (if 18 or older): _____ Date: ____/____/20____

IF PARTICIPANT IS UNDER 18:

I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT. I HAVE EXPLAINED THE RISKS OUTLINED IN THIS DOCUMENT TO MY CHILD, AND DISCUSSED OUR SHARED RESPONSIBILITIES AS OUTLINED ABOVE, AND UNDERSTAND THAT SIGNING BELOW INDICATES MY AGREEMENT TO ALL OF THE CONDITIONS STATED IN THIS DOCUMENT.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: ____/____/20____

PARKOUR VISIONS MEDIA POLICY

PKV occasionally takes photos and video of classes and events for use in our newsletter, website, YouTube Channel, Facebook, and other social media. PKV will NEVER identify any individuals by name when publishing promotional material. PKV will ALWAYS seek explicit permission to include names of students, and for any project that would include selling or licensing any student's likeness.

I do not want my image or my child's image to be publicly displayed online in any form.