



PARTICIPANT WAIVER

*Assumption of Risk
Release of Liability, and
Hold Harmless Agreement*

IT IS YOUR RESPONSIBILITY TO FULLY READ AND UNDERSTAND THIS WAIVER BEFORE SIGNING!

1. I, the undersigned, hereby acknowledge voluntary participation on behalf of (circle one) MYSELF MY MINOR to take part in Parkour Infinity’s classes, routines, exercises and open gyms operated by Parkour Infinity and its owners, employees, representatives and/or affiliates. _____ (Initial)

2. I AM FAMILIAR WITH THE CONCEPT OF PARKOUR and the physical demands involved which include 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, 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 am aware that participation in the classes, routines, and exercises will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that **there are possible risks involved including serious injury and even death.** I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines and exercises. _____ (Initial)

3. **I am aware that the routines, exercises, and movements taught by PARKOUR INFINITY are based on the techniques utilized in Parkour and Freerunning and are intended to be performed only while under the strict supervision of a trained professional.** I hereby assume all risks and hazards incidental to my practice of said routines, exercises, and movements if I choose to perform or practice said routines and/or exercises and/or movements outside of class, whether or not I am under said supervision, including, but not limited to, any routine, exercise, or movement similar to or associated with Parkour, Freerunning, or anything taught or advocated by PARKOUR INFINITY. _____ (Initial)

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). _____ (Initial)

5. I, the parent/legal guardian of the participant (or participant if not a minor) hereby grants permission to the employees and or representatives of PARKOUR INFINITY to authorize and obtain medial care for the Participant from any licensed physician, hospital, or medical clinic should the participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment. _____ (Initial)

6. I HAVE CAREFULLY READ THIS AGREEMENT BEFORE EXECUTING IT AND ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT VOLUNTARILY AND WITH THE FULL INTENT OF RELEASING PARKOUR INFINITY FROM ANY AND ALL CLAIMS ARISING AS A RESULT OF MY PARTICIPATION IN THE CLASSES, ROUTINES AND EXERCISES. _____ (Initial)

I grant permission to PARKOUR INFINITY to use my name, likeness, and photograph for the purpose of publicity, public relations, editorial, or other advertising purposes without restriction as to frequency or duration. _____ (Initial) (Optional)

Print participant name (FIRST AND LAST)

Print parent or legal guardian FIRST AND LAST name if participant is under 18

Date

Signature of participant or parent/legal guardian signature if participant is under 18

PLEASE FILL OUT ALL INFORMATION ON THE BACK OF THE WAIVER. IT WILL BE USED IN CASE OF EMERGENCY.

Demographics and Emergency Information

Student Information

Name (First & Last): _____

Age: _____

Gender: Male Female

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

How did you hear about Parkour Infinity?: Friend/ Family Internet search Facebook
Other (Please write) _____

It is okay to send emails on promotions and Parkour Events
(Initial)

Emergency Contact information

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

*** Please note that if the student is under 18 years of age, at least one emergency contact MUST be a parent or legal guardian.***