

# PARKOUR VISIONS

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

I, the undersigned (the "Participant") hereby voluntarily request to participate a parkour visions movement program (hereinafter "program(s)").

- 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 and do not depend or rely on the direction of the program coordinator, affiliated or contracted parties to do so. 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 Programs.
- I understand and acknowledge that participation in the Programs may involve risk of serious injury or death**, as well as but not limited to twisted or broken ankles and wrists, torn ligaments, muscle strains, and abrasions. I understand and acknowledge that injuries may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the coaches, the condition of the facilities, equipment, or areas where the Programs are 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 Programs site.
- I certify that I am in good health and have no physical condition that would prevent participation in the Programs or put me at greater risk for injury.** I agree that all activities undertaken at the Programs are conducted at my own risk. Furthermore, I agree to use my personal medical insurance as primary medical coverage payment, if accident or injury occurs, without seeking any recoveries from Releases or Releases insurers. I consent to emergency medical treatment in the program such care is required. Knowing and understanding the risks involved with participation in the Programs. I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the Programs .
- In consideration of my participation in the activity, **I hereby waive all claims or causes of action against** Parkour Visions, Caitlin Pontrella, their employees, volunteers, board members, other participants, and sponsors, and, if applicable, owners and lessors of the premises on which the programs take place (collectively and hereinafter "releases")
- I agree and covenant to indemnify and hold harmless** Releases 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 Releases 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 Releases, I will indemnify, save and hold harmless each of the Releases from any loss, liability, damage, litigation expense, attorney fees, or costs they may incur as the result of such a claim.

### BY SIGNING BELOW, I ACKNOWLEDGE AND CONFIRM THAT:

**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 THE LAW.**

Participant Name: _____	Email: _____
Participant Signature: _____	Date: _____
Emergency Contact Name & Phone Number: _____	
<b>IF PARTICIPANT IS UNDER 18:</b>	
Name of Parent or Legal Guardian _____	
Signature of Parent or Legal Guardian: _____	

Parkour Visions occasionally takes photos and video of classes and events for use in our newsletter, website, and online social media platforms. This helps us in reaching more people with our programs! PKV will NEVER identify any individuals by name when publishing promotional material and will always seek permission to include names if needed, or for any project that would include selling or licensing.

- I do **NOT** want my image or my child's image to be publicly displayed online in any form