

First Name		Last Name		MI	
Address					
City			State		Zip
Primary Phone		Alt. Phone		Email	
Birthdate (MM/DD/YY)			Occupation		
Emergency Contact #1		Contact #1 Phone		Relationship	
Emergency Contact #2		Contact #2 Phone		Relationship	
Physician		Physician Phone			
Please list any • current medical conditions and/or injuries: • allergies: • medications: • previous injuries that impact physical activity:					
Previous athletic/sports experience					
Training goals/interests					
How did you hear about us?					
Office Use Only:	Trial Class Date: _____	Drop-in	10-class card	Jubilee _____	Workshop _____

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

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, 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 Wisconsin 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: _____

Participant signature: _____
Although not legally required, we ask all participants to sign even if under 18.

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): _____