



## RELEASE WAIVER AND QUITCLAIM

I, \_\_\_\_\_, \_\_\_\_ years old, resident of \_\_\_\_\_, understand, acknowledge, and agree to the following:

*(For minors)* I, \_\_\_\_\_, of legal age, resident of \_\_\_\_\_, and parent/guardian of \_\_\_\_\_, expressly give my consent for my son/daughter/ward to participate in the \_\_\_\_\_ workshop facilitated by Parkour Philippines and its instructors ("PKPH") on \_\_\_\_\_, and I fully understand, acknowledge, and agree to the following:

- A. That the Roots: Foundations on Parkour Workshop which will be facilitated by PKPH on August 23-24, 2014, will include physical and mental activities of every nature or kind, composing of parkour techniques, acrobatics, mobility, strength and conditioning, and all similar activities.
- B. 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 safety at all times. I recognize and understand the concept of Parkour and the physical demands involved, which may include running, climbing, jumping, vaulting, and other strenuous actions from height, at increased speed, and on variable surfaces.
- C. I will 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 can no longer safely participate in any of the activities, I must immediately inform PKPH and stop all acts which may expose me to any risk of harm or danger.
- D. I also guarantee that I am of good health and that I have no illness, sickness, or physical disability that would place me at harm while participating in PKPH activities. I have consulted with a physician/doctor prior to and regarding my participation in this workshop, and I have been certified that I am physically fit and have no medical condition that would prevent my participation in this workshop. I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in this workshop.



- E. I understand that even despite the utmost care and preparation of PKPH, participation in this workshop shall include and involve many risks, dangers, hazards, unpredictable situations, actions of third parties, inadvertence or negligence of PKPH, and similar conditions which may affect my safety and may result in serious personal injury or illness including, but not limited to bodily injury, disease, strains, fractures, mental distress, loss or damage to property, death, or other ailments or serious disability.
- F. I further grant PKPH the rights to use any photographs, videos, recording, or replications of my image or likeness to for editing, copying, exhibiting, publishing, posting or distributing, without any consideration or remuneration whatsoever.
- G. I voluntarily accept all risks, dangers, or hazards involved in this workshop, and the possibility of personal injury, loss or damage to property, or death resulting from participation in this workshop and, on behalf of myself, my heirs, and representatives, hereby release, waive, discharge, and hold harmless PKPH from any liability, claim, or responsibility which may arise from participation in this workshop.
- H. **FINALLY, I HEREBY DECLARE THAT I HAVE COMPLETELY READ THIS AGREEMENT AND I SPECIFICALLY UNDERSTAND THAT I AM RELEASING, DISCHARGING, AND WAIVING ANY AND ALL CLAIMS OR ACTIONS THAT I, MY HEIRS, OR REPRESENTATIVES MAY PRESENTLY HAVE OR MAY HAVE IN THE FUTURE AGAINST PKPH.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

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PARTICIPANT'S SIGNATURE OVER PRINTED NAME

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SIGNATURE OVER PRINTED NAME OF PARENT OR LEGAL GUARDIAN  
IF PARTICIPANT IS UNDER AGE OF MINORITY