

STREAMLINE PARKOUR

ASSUMPTION OF RISK & RELEASE OF LIABILITY AGREEMENT



I, the undersigned, hereby acknowledge voluntary participation on behalf of (circle one)

MYSELF

MY MINOR

to take part in Streamline Parkour classes, routines, and exercises operated by Streamline Parkour and its owners, employees, representatives and/or affiliates. _____ **(Initial)**

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)**

I am aware that the routines, exercises, and movements taught by Streamline Parkour are based on the techniques utilized in parkour and free running, 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, free running, or anything taught or advocated by Streamline Parkour. _____ **(Initial)**

I grant permission to the employees and or representatives of Streamline Parkour to authorize and obtain emergency medical care from any licensed physician, hospital, or medical clinic in the event that such care is required. _____ **(Initial)**

I grant permission to Streamline Parkour 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)**

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 Streamline Parkour from any and all claims arising as a result of my participation in the classes, routines and exercises. _____ **(Initial)**

Name of participant: _____ Date of birth: _____		
Current medical conditions? NO YES		
If YES, please explain: _____		
How did you hear about us? _____		
Email: _____		Zip code: _____
Emergency Contact: _____		
Name	Relationship to Participant	Phone Number
_____	_____	_____
Signature of Participant	Signature of Parent (if under 18)	Date