

Revolution Parkour Class Waiver

1. I, _____ (name of Participant), acknowledge that I have voluntarily elected to participate in Revolution Parkour exercise routines operated by Revolution Parkour and its owners, employees, representatives and/or affiliates. _____ (Initial)
2. I AM AWARE THAT PARTICIPATION IN THE 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 AND EXERCISES TAUGHT BY REVOLUTION 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 THE PRACTICE AND PARTICIPATION OF SAID ROUTINES AND EXERCISES IF I CHOOSE TO PERFORM OR PRACTICE SAID ROUTINES AND/OR EXERCISES OUTSIDE OF CLASS, WHETHER OR NOT I AM UNDER SAID SUPERVISION, INCLUDING, BUT NOT LIMITED TO, ANY ROUTINE OR EXERCISE SIMILAR TO OR ASSOCIATED TO PARKOUR, FREE RUNNING, OR ANYTHING TAUGHT OR ADVOCATED BY REVOLUTION PARKOUR. _____ (Initial)
4. (IF PARTICIPANT IS A MINOR) I, the parent/legal guardian of the Participant hereby grants permission to the employees and or representatives of Revolution Parkour to authorize and obtain medical 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)
5. **I grant permission to Revolution 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)
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 REVOLUTION PARKOUR FROM ANY AND ALL CLAIMS ARISING AS A RESULT OF MY PARTICIPATION IN THE ROUTINES AND EXERCISES. _____ (Initial)

Print Name of Participant

Signature of Participant OR if applicable, Parent or Legal Guardian of Participant

Executed at Portland, OR, on (date)