



PARENT/ GUARDIAN	
First Name	
Last Name	
Address	
City	
State	
Zip Code	
Gender	
Phone Number	
Email	
Birthday	
Notes	

STUDENT/ PARTICIPANT	
First Name	
Last Name	
Address	
City	
State	
Zip Code	
Gender	
Phone Number	
Email	
Birthday	
Notes	

**PATH MOVEMENT, LLC.**

**AGREEMENT OF RELEASE OF WAIVER OF LIABILITY**

**WARNING: THIS DOCUMENT LIMITS YOUR LEGAL RIGHTS.**

**CONSULT WITH AN ATTORNEY BEFORE SIGNING.**

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in a Parkour course led by Path Movement, LLC. I understand the risks and hazards involved, and I recognize serious and potentially life-threatening injuries can occur while participating with others in this course.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Parkour class, event or activity. I represent that I am physically fit and I have no medical, psychological, or other condition which would prevent my full participation in a parkour course.
3. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.
4. In consideration of being permitted to participate in the activities at Path Movement, LLC. I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the courses.
5. In consideration of being permitted to participate in Parkour courses, events or activities, I, my legal heirs, executors, administrators, next of kin, successors, or legal representatives knowingly, voluntarily, and expressly waive, release, discharge, hold harmless and promise to indemnify and covenant to sue Path Movement, LLC., its agents, general partners, employees, instructors, volunteers, or representatives, and relinquish any and all claims that I or my estate, my heirs, or any person claiming under me completely and without reservation as a condition of my participation in the course that I may have against path Movement, LLC., its agents, managers, members, general partners, limited partners, employees, instructors, volunteers, or representatives, from any and all injuries or damages or whatsoever kind and nature that I may sustain as a result of participation in any Parkour course,
6. I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident and/or illness during Parkour courses, events or activities.
7. I've been informed of, and agree to the 30 day notification and cancellation policy of Path Movement, LLC.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

<b>Date:</b>		<b>Witnessed By:</b>		<b>Course Title:</b>	Parkour
Signature of Participant, if at least 18 years of age			Parent/ Guardian Signature, if under 18 years of age		