

# PARKOUR GENERATIONS BOSTON

**PARTICIPANT INFORMATION:** (PLEASE PRINT CLEARLY)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Please circle: *Home Cell Work Other*

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Occupation (*Optional*) \_\_\_\_\_ Military / Police / Fire / EMS ? \_\_\_\_\_

Does the Participant have any HEALTH CONCERNS of which we should be aware (allergies, medications, injuries, etc)?  
If YES, please explain:

\_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**IN CASE OF EMERGENCY (Parent/Guardian info for those under 18):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Please circle: *Home Cell Work Other*

Secondary Phone #: \_\_\_\_\_ Please circle: *Home Cell Work Other*

**LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the instructors of Parkour Generations Americas (PKGA), Parkour Generations Boston (PKGB), Parkour Generations (PKG), Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having instruction held on their property.

**Admin Use Only:**

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VGB 16.10

*Signature required on other side → → →*

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As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the parkour instruction at ANY location utilized by Parkour Generations Boston and/or Parkour Generations Americas for the "Activity". As the undersigned Releasor, I acknowledge that I am participating in this Activity voluntarily, and I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Parkour Generations Boston or Parkour Generations Americas, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and I release the instructors of PKGA, PKGB, PKG, Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having classes held on their property; INCLUDING their respective affiliates, divisions, departments and other units, committees and groups, and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, coaches, contractors, agents, administrators, and assigns (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

**Photo/Film Consent**

By signing below I permit Parkour Generations Americas, Parkour Generations Boston, and affiliated branches, to use any photo or film footage of the Releasor engaged in the activity for promotional use.

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

Participant (*Releasor*) Signature: \_\_\_\_\_

Parent/Guardian Signature (*For those under 18*): \_\_\_\_\_

Name (**PRINT**): \_\_\_\_\_

Date: \_\_\_\_\_