

WAIVER AND RELEASE OF LIABILITY

In agreeing to participate in Parkour, I agree as follows:

In agreeing to participate in the APA and its activities, I agree as follows:

I fully understand and acknowledge that Parkour has (a) inherent risks, dangers, and hazards and such exists in my participation in this activity; (b) my participation in such activity may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) by my participation in these activities, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Australian Parkour Association Inc. and all its members from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of participation in this activity. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future.

I understand that the Australian Parkour Association does not condone the irresponsible use of Parkour or related disciplines in dangerous or illegal activities which include roof jumping or trespassing.

I understand that I am responsible for informing my instructors of any pre-existing medical conditions or injuries that may affect my ability to participate in training. I understand that if during the course of my training I develop any medical conditions or injuries that I will inform my instructor about them.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE AUSTRALIAN PARKOUR ASSOCIATION INC. AND ITS MEMBERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

PARTICIPANT'S NAME (PRINT): _____

PARTICIPANT'S/GUARDIAN'S SIGNATURE: _____

WITNESS NAME (PRINT): _____

WITNESS SIGNATURE: _____

DATE: / /

If you wish to be informed about APA events, updates and general advertising enter your email address below:

EMAIL ADDRESS: _____

