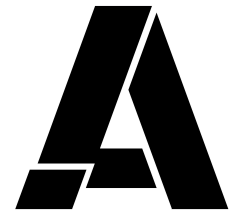


# **WAIVER AND RELEASE OF LIABILITY**



## **Point A**

I have voluntarily applied to participate in any and all activities which I undertake in the above named facility. I acknowledge that the nature of the activities - which include but aren't limited to Parkour, Freerunning, Acrobatics, Climbing, Bouldering, Martial Arts, Dance, Personal Training, and general training.

In agreeing to participate in any activities at or as part of *Point A*, I agree as follows:

I fully understand, appreciate and acknowledge that these activities have (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, indemnify, and release from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns *N.L. NEWMAN & T.J RANSON* trading as *Point A Movement* and all its employees, representatives, instructors and associates from any and all claims or causes of actions for bodily injury, property damage, wrongful death, loss of services or otherwise which may result from, occur during, or otherwise arise out of participation in these activities.

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 I am responsible for informing my instructors or supervising staff or representatives 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 CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PARTIES NAMED FROM LIABILITY FOR INJURY OF PERSON, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

**PARTICIPANT'S NAME (PRINT):** \_\_\_\_\_

**GUARDIAN'S NAME:** (if participant under 18) \_\_\_\_\_

**PARTICIPANT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**WITNESS NAME (PRINT):** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**DATE:** / /