



In consideration of participating in Kinetic Ninja Warrior, LLC

- I understand the nature of this activity, and am qualified, in good health, and proper physical condition to participate in such activity.
- If I believe event conditions are unsafe, I will immediately discontinue participation in activity.
- I understand this activity has inherent risks, including serious body injury, permanent disability, paralysis, and death. I fully accept these risks and assume all responsibility for loss, cost, and damages I may incur as a result of my participation in this activity.
- I release and covenant not to sue Kinetic Ninja Warrior, LLC, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, owners and lessors of premise on which the activity occurs from all liability, claims, demands, losses, or damages.
- I, the minor's parent and/or legal guardian, understand the nature of activities at Kinetic Ninja Warrior, LLC, and the minor's experience, and capabilities, and believe the minor to be qualified to participate in such activity.

Participant's Name: _____ **Date of Birth:** _____

Participant's Name (if needed): _____ **Date of Birth:** _____

Participant's Name (if needed): _____ **Date of Birth:** _____

Participant's Name (if needed): _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Email:** _____

Parent/Guardian Name (printed): _____ **Date of Birth:** _____

Participant or Parent/Guardian Signature: _____ **Date:** _____

For Office use only:

Party: ____ **FOG:** ____ **CC #:** _____

Other: _____ **Exp Date:** _____ **CVC/CVV:** _____