## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Sumner Ninja LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SMN"), I hereby agree to release, indemnify, and discharge SMN, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in indoor parkour training, ninja warrior, open gym and 5 State Warp Wall training and instruction activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips, trips, and falls; falling from equipment; collision with other participants, spectators, or objects; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, concussions, or even more severe life threatening hazards; muscular soreness, tears, cuts, strains, dislocations, fractures and broken bones; foot, ankle, leg, wrist, arm and shoulder injuries; transmissible pathogen or disease; musculoskeletal injuries including head, neck, and back; eye injury or loss; being struck by other objects dislodged or thrown from above; the use and potential or actual failure of equipment; loose and/or damaged artificial holds; abrasions from the walls, ropes, pads, or the floor; climbing out of control or beyond one's personal limits; injuries to internal organs; the negligence of other visitors, participants, or other persons who may be present; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. In any event, if you or your child is injured, any medical assistance will be at your own expense.

Furthermore, SMN personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SMN from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SMN's equipment or facilities, including any such claims which allege negligent acts or omissions of SMN.
- 4. Should SMN or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against SMN, I agree to do so solely in the state of Washington, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SMN on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at SMN. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name		DOB	Phone Number	
Address			City	
State	Zip	Email		
Signature of Participant			Date	
In consideration of the follow	(Must be com	ARDIAN'S ADDITIONAL  upleted for participants und	der the age of 18)	
	participate in its activities	and to use its equipment and	d facilities, I further agree to indemnify and hold hard, and which are in any way connected with such u	
Parent or Guardian:		Print Name:	Date:	

## SUMNER NINJA LLC WAIVER FORM

Child Name:	Birthdate:	
Child Name:	Birthdate:	
Parent and/or guardians Name:	Insurance:	
placement. Each session is four(4) weeks long and sessions prefunds. If your payment is not made after the first week of enrolled until payment is made. Please be aware that this method which can guarantee continued placement for your child in thousehold. The annual registration fee is due on January 1st PHOTO AND MEDIA REALEASE: I am aware that individual a consideration for my and/or my child(ren)s participation, I general usage including but not limiting to social media, training CONSENT TO MEDICAL TREATMENT: In the event that an actincluding its employees, contractors, teachers, coaches, and further authorize Sumner Ninja LLC and its representatives to deems is appropriate of my child(ren) to a hospital or any ot be personally responsible for paying for all medical and dent my child(ren) as a result of injury sustained while participating such injury.	nd group publicity photos and videos are taken from time to time and in rant permission for my child(ren)s likeness to be used in Sumner Ninja LLC publicity,	
child(ren) is in a class on one of these holidays, a make-up clineeds to be made, due to unforeseen circumstances, or any reserve the right to do so. In the event the gym closes for an MAKE UPS: If a class is missed for any reason, the student is session of four weeks. This make-up class needs to be scheduled.	cluding Thanksgiving, Labor Day, 4th of July, New Years and Christmas. If your ass will be offered. If the gym needs to close for any reason or a schedule change other reason deemed necessary by the owner and staff of Sumner Ninja LLC, we yother reason other than a holiday, a make-up day will be offered. entitled to a make-up lesson in a similar class. We allow one make-up class per uled within the same week the student misses their original class to allow us to show up for a make-up class that was not scheduled ahead of time, we reserve the	
been sick in the past 24 hours, please do not bring them to the and/or have had diarrhea in the last 24 hours, then they nee they are sick from school then they should not be brought in	edication, for a minimum of 24 hours before participation in class. If your child has ne gym. If your child has had a fever, yellow/green mucus from their nose, vomited d stay away from other children. Please do not bring sick siblings into the gym. If to the gym, including observation from the viewing area.	
*All legal guardians are required to sign and Acknowledge of classes and or birthday parties.	Risk and Waiver of Liability upon registration before your child can participate in	
* Please dress your child appropriately in snug, but comforta to assist and spot your child(ren) if needed and we want to e * Long hair must be pulled back away from the face. This is ft * Children are not allowed to wear rings, bracelets, anklets, c you child does, they will be asked to remove the jewelry. We not responsible for any lost or misplaces items.  * No gum, food or drinks are allowed in the gym. Breaks will	ble clothing (no denim, belts, big zippers, or crop tops) Our staff needs to be able insure both the child and instructor feel comfortable in doing so. or the safety of your child(ren) and for ease in spotting for our instructors, or dangling earrings while participating in any activity ran by Sumner Ninja LLC. If are not responsible for holding or keeping these items for your child. Also, we are the given for them to drink water in the appropriate areas	
<ul> <li>Parents and guests are encouraged to watch their children for your help. If for any reason you should need your child, pi</li> <li>For the safety of all children, please do not use flash photog</li> </ul>		
*Management reserves the right to cancel a scheduled class made to accommodate each family to avoid any interruption	due to lack of participation or conflict of another class or event. Every effort will be in class times.	
of time to let the front desk know of your tardiness. Many ch requires notice if someone other than the parent or guardian	after classes. Parents need to be on-time to pick up their children, or phone ahead ildren get anxious when they don't see their parent or guardians. Sumner Ninja LLC is picking your child up. Sumner Ninja LLC is not responsible for items left in the romise your items will be found. It is the responsibility of the parent to update s, physical addresses and phone numbers current.	
I have read and understand the PHOTO RELEASE and MEDICA below indicates my voluntary agreement with the terms set f	L AUTHORIZATION and PAYMENT POLICY and RESPOSIBILTY and my signature orth above.	

\_\_ Date: \_

Parent and/or Guardian Signature: \_\_\_\_