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:

I acknowledge that my participation in indoor parkour training and ninja warrior 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.

- 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.
- 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.
- 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	Phone Number			
Address		City		
State	Zip	Email		
Signature of Participant_			Date	
In consideration of the fol	(Must be con	JARDIAN'S ADDITIONAL npleted for participants und te(s))		
being permitted by *****	claims which are brought b	s and to use its equipment and	d facilities, I further agree to indemnify and hold harmless and which are in any way connected with such use or	
Parent or Guardian:		Print Name:	Date:	

SUMNER NINJA LLC WAIVER FORM

Child Name:	Birthdate:
Child Name:	Birthdate:
Parent and/or guardians Name:	Insurance:
Parent and/or guardians' email:	Phone number
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PAYMENT POLICY: Payment is due the week prior to the beginning of eac placement. Each session is four (4) weeks long and sessions payments neer efunds. If your payment is not made after the first week of the session we norlled until payment is made. Please be aware that this means their spe which can guarantee continued placement for your child in our program. household. The annual registration fee is due on January 1st of each year a PHOTO AND MEDIA REALEASE: I am aware that individual and group pub consideration for my and/or my child(ren)s participation, I grant permissis media usage including but not limiting to social media, training tools and CONSENT TO MEDICAL TREATMENT: In the event that an accident or emincluding its employees, contractors, teachers, coaches, and volunteers, to further authorize Sumner Ninja LLC and its representatives to transport or deems is appropriate of my child(ren) to a hospital or any other medical obe personally responsible for paying for all medical and dental expenses, impy child(ren) as a result of injury sustained while participating at Sumner such injury. HOLIDAYS: Sumner Ninja LLC closes fall all major holidays including Thank child(ren) is in a class on one of these holidays, a make-up class will be off needs to be made, due to unforeseen circumstances, or any other reason reserve the right to do so. In the event the gym closes for any other reason RMAKE UPS: If a class is missed for any reason, the student is entitled to a session of four weeks. This make-up class sneeds to be scheduled within the ensure the availability of the make-up class scheduled. If you show up for right to deny your child(ren) participation. ILLNESS: Children must be free of fever, without the aid of medication, fo been sick in the past 24 hours, please do not bring them to the gym. If you and/or have had diarrhea in the last 24 hours, then they need stay away from the your child reason should a propriately in snug, but comfortable clothing (to assist and spot your child(ren) if needed and we	th session. Payment for the upcoming session guarantees your child's d to be paid in full. Once payment has been made, there are no e reserve the right to remove your child(ren) from the class they are to tin the same class is not guaranteed. We encourage to go on autopay The annual registration fee is \$40 per family residing in the same and is pro-rated throughout the year. Ilicity photos and videos are taken from time to time and in on for my child(ren)s likeness to be used in Sumner Ninja LLC publicity, videos and/or advertising. Pergency, I hereby authorize Sumner Ninja LLC and its representatives, or render first aid to my child(ren) to the extent deemed appropriate. I carrange from transportation, but ambulance if Sumner Ninja LLC in dental treatment for my child(ren). Additionally, I hereby agree to including transportation, which may be incurred by myself on behalf of Ninja LLC, including any future medical or dental expenses related to segiving, Labor Day, 4th of July, New Years and Christmas. If your ered. If the gym needs to close for any reason or a schedule change deemed necessary by the owner and staff of Sumner Ninja LLC, we nother than a holiday, a make-up day will be offered. Make-up lesson in a similar class. We allow one make-up class per see same week the student misses their original class to allow us to a make-up class that was not scheduled ahead of time, we reserve the real minimum of 24 hours before participation in class. If your child has are child has had a fever, yellow/green mucus from their nose, vomited from other children. Please do not bring sick siblings into the gym. If including observation from the viewing area. Iver of Liability upon registration before your child can participate in no denim, belts, big zippers, or crop tops) Our staff needs to be able to child and instructor feel comfortable in doing so. of your child(ren) and for ease in spotting for our instructors. For your child(ren) and for ease in spotting for our instructors. For your child fren) and for ease
below indicates my voluntary agreement with the terms set forth above.	
Parent and/or Guardian Signature:	Date: