ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY REALTING TO CORNOAVIRUS/COVID-19:

The coronavirus, or COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local government and federal and state health agencies recommend social distance and have, in many locations, prohibited the congregation of groups of people.

Sumner Ninja LLC has put in place preventative measures to reduce the Spread od COVID-19. This includes, temperature checks at the door, hand sanitizer at the door and available through the class if needed, masks in desired (not provided by Sumner Ninja LLC), and disinfectant of equipment between each class. However, Sumner Ninja LLC cannot guarantee that you and your child(ren) will not become infected with COVID-19. Further, attending Sumner Ninja LLC could increase your and your child(ren)s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren and I may be exposed to or infected by COVID-19 by attending Sumner Ninja LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Sumner Ninja LLC may result from the actions, omissions, or negligence or myself and others, including, but not limiting to, Sumner Ninja LLC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself(including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that I or my child(ren) may experience of incur in connection with my child(ren)'s attendance at Sumner Ninja LLC or participation in Sumner Ninja LLC programming ("Claims"). On my behalf, and on the behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Sumner Ninja LLC, it's employs, agents, and representatives, of and from the Claims, Including all liabilities, claims, actions, damages, costs or expenses of ant kind arising out of or relating thereof. I understand and agree that this release includes Claims based on the actions, omissions, or negligence of Sumner Ninja LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Sumner Ninja LLC program.

Parent and/or Guardian Signature:	Date:
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SUMNER NINJA LLC WAIVER FORM

Child Name:	
Child Name:	
Parent and/or guardians Name:	
Parent and/or guardians' email:	Phone number
placement. Each session is four(4) weeks long and sessions payment refunds. If your payment is not made after the first week of the session enrolled until payment is made. Please be aware that this means the which can guarantee continued placement for your child in our prophousehold. The annual registration fee is due on January 1st of each PHOTO AND MEDIA REALEASE: I am aware that individual and group consideration for my and/or my child(ren)s participation, I grant permedia usage including but not limiting to social media, training tool	up publicity photos and videos are taken from time to time and in rmission for my child(ren)s likeness to be used in Sumner Ninja LLC publicity, Is and videos and/or advertising.
including its employees, contractors, teachers, coaches, and volunt further authorize Sumner Ninja LLC and its representatives to transideems is appropriate of my child(ren) to a hospital or any other me be personally responsible for paying for all medical and dental experny child(ren) as a result of injury sustained while participating at Summer Communications.	or emergency, I hereby authorize Sumner Ninja LLC and its representatives, eers, to render first aid to my child(ren) to the extent deemed appropriate. I port or arrange from transportation, but ambulance if Sumner Ninja LLC idical or dental treatment for my child(ren). Additionally, I hereby agree to enses, including transportation, which may be incurred by myself on behalf of umner Ninja LLC, including any future medical or dental expenses related to
child(ren) is in a class on one of these holidays, a make-up class will needs to be made, due to unforeseen circumstances, or any other reserve the right to do so. In the event the gym closes for any other MAKE UPS: If a class is missed for any reason, the student is entitle session of four weeks. This make-up class needs to be scheduled with ensure the availability of the make-up class scheduled. If you show sight to deavy your child(ren) participation.	d to a make-up lesson in a similar class. We allow one make-up class per ithin the same week the student misses their original class to allow us to up for a make-up class that was not scheduled ahead of time, we reserve the
ILLNESS: Children must be free of fever, without the aid of medicat been sick in the past 24 hours, please do not bring them to the gym	ion, for a minimum of 24 hours before participation in class. If your child has h. If your child has had a fever, yellow/green mucus from their nose, vomited away from other children. Please do not bring sick siblings into the gym. If
they are sick from school then they should not be brought into the *All legal guardians are required to sign and Acknowledge of Risk at	nd Waiver of Liability upon registration before your child can participate in
to assist and spot your child(ren) if needed and we want to ensure the sound spot your child (ren) if needed and we want to ensure the long hair must be pulled back away from the face. This is for the strong hair must be pulled back away from the face. This is for the sound hair must be face to hair must be face. This is for the face to hair must be face. This is for the face to hair must be face. This is for the face to hair must be face to hair must be face to hair must be face. This is for the face to hair must be face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face. This is for the same face to hair must be face to hair must be face. This is for the same face to hair must be	othing (no denim, belts, big zippers, or crop tops) Our staff needs to be able both the child and instructor feel comfortable in doing so. safety of your child(ren) and for ease in spotting for our instructors. If gling earrings while participating in any activity ran by Sumner Ninja LLC. If our responsible for holding or keeping these items for your child. Also, we are
not responsible for any lost or misplaces items. No gum, food or drinks are allowed in the gym. Breaks will be give a parents and guests are encouraged to watch their children from the state of the same reason you should need your child, please a second or the state of the same reason you should need your child, please a	en for them to drink water in the appropriate areas the viewing area. Please do not enter the gym floor unless a coach asks you ask the front desk for assistance.
For the safety of all children, please do not use hash photographly Management reserves the right to cancel a scheduled class due to	lack of participation or conflict of another class or event. Every effort will be
ESPONSIBILITES: We make every effort to monitor children after of time to let the front desk know of your tardiness. Many children	get anxious when they don't see their parent or guardians. Sumner Ninja LL king your child up. Sumner Ninja LLC is not responsible for items left in the se your items will be found. It is the responsibility of the parent to update
	THORIZATION and PAYMENT POLICY and RESPOSIBILTY and my signature

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.

- 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.
- 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.

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Print Name	Phone Number		
AddressCity			_City
State	Zip	Email	
Signature of Participant			Date
In consideration of the follow	(Must be	GUARDIAN'S ADDITIONAL completed for participants und name(s))	ler the age of 18)
being permitted by **** to r	participate in its activ	ities and to use its equipment and	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: