True Nature Training, LLC
ACTIVITY WAIVER AND RELEASE OF LIABILITY

Personal Information of Participant
PLEASE FILL OUT ALL INFORMATION

First/Last Name: _____ Gender: M / F

Date of Birth:_____/_____/_____ Phone #: _____

Email Address: _____

Address:_____ City:_____ State:___ Zip Code:_____

How Did You Hear About Us?_____

Please Circle Class Attending: (Intro to Parkour) (Open Gym) (Ballistic Movements) (Tumbling) (Event) (Stunts) (Birthday Party) (Tricking) (QM Flow) (Circus)

Emergency Contact Information

Name_____ Telephone Number _____Relationship_____

Medical Conditions? _____

Waiver and Release of Liability

NOTE: Read the following and sign below. If participant is under 18 years both participant and participant's legal guardian must sign. Fill in all blanks. Only original signatures accepted (photocopies or facsimiles are not acceptable). I agree as, or hereby permit, the participant to participate in True Nature Training, LLC classes, events, competitions and activities. I fully understand True Nature Training, LLC coaches, members and trainers are not physicians or medical practitioners of any kind. I hereby release True Nature Training, LLC, its coaches, members and trainers to render first aid to myself, as participant or participant's legal guardian, in the event of any injury or illness, and if deemed necessary by the True Nature Training, LLC staff, to seek medical help, including transportation by a True Nature Training, LLC or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or the calling of an ambulance for said participant. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in True Nature Training, LLC activities.

I FURTHER AGREE THAT TRUE NATURE TRAINING, LLC ALONG WITH ITS EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS, SHALL NOT BE LIABLE FOR ANY PERSONAL INJURIES, LOSSES OR DAMAGES OCCURRING AS A RESULT OF PARTICIPATION IN TRUE NATURE TRAINING, LLC ACTIVITIES, EXCEPT WHERE SUCH LOSS OR DAMAGE IS THE RESULT OF THE INTENTIONAL RECKLESS CONDUCT OF THE COMPANY OR IT AGENTS.

I agree to notify True Nature Training or its representatives if I apprehend, believe or recognize that I, or the participant, cannot safely complete or does not understand any activity in which the participant is asked, directed or instructed to participate in. I understand that this activity waiver and release of liability may be edited, revised or updated from time to time and that I may be required to execute a new one before continuing to participate in True Nature Training, LLC activities.

Signature of Participant: _____Date of Signature:_____

If participant is under 18 years:

Signature of Legal Guardian: _____Date of Signature: _____

ADMIN ONLY:
[ ] Profile Fully Added [ ] Membership Added [ ] Trial Class [ ] Discounts _____
[ ] Group/Family added to Zen, If so? _____[ ] Groupon: If so Voucher#_____[ ] ClassPass
[ ] Signed into Class?