



Revolution Parkour

Emergency Care Authorization

If Revolution Parkour is unable to reach you or an authorized person named below, do you give Revolution Parkour permission to authorize emergency care?

PERMISSION GIVEN: _____ (Yes / No)

I, _____, the parent/legal guardian of _____
(Print your first and last name) *(Print participants first and last name)*

consent to my child's participation at Revolution Parkour. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Revolution Parkour staff to authorize or refuse necessary emergency treatment, emergency care, take my child to a physician of their choice, and to consent to any x-ray examination, anesthetic diagnosis, medical or surgical treatment deemed necessary for my child at my expense. I acknowledge that Revolution Parkour would not intentionally act negligently and hereby release Revolution Parkour from any claims that I might have as a result of any emergency treatment for the above named child. This permission is in effect for the duration of my child's enrollment or involvement at Revolution Parkour.

I further agree to indemnify, protect and hold harmless Revolution Parkour, its officers, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in Revolution Parkour services (collectively Revolution Parkour Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Revolution Parkour Personnel, as a result of my child's participation.

I further agree that Revolution Parkour, its officers, supervisors, agents, servants, employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with Revolution Parkour regulations on conduct, or for failure to follow the instructions and directions of the instructors or chaperones, or for any acts of conduct deemed by the agents of Revolution Parkour to be detrimental to or incompatible with the interest, harmony, comfort or welfare of classes, summer camps, or programs. If the participation is terminated, no participation fees will be refunded.

| | |
|---|------------------------|
| _____ Signature of Participant or Legal Guardian | _____ Date Executed |
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EMERGENCY INFORMATION

| | | |
|--------------------------|----------------------|------------|
| PARTICIPANT: | AGE: | BIRTHDATE: |
| PARENT/GUARDIAN: | HEIGHT: | WEIGHT: |
| ADDRESS: | | |
| CITY: | STATE/ZIP: | |
| HOME PHONE: | COUNTRY OF BIRTH: | |
| Father's Business Phone: | Father's Cell Phone: | |
| Mother's Business Phone: | Mother's Cell Phone: | |
| PARTICIPANT'S PHYSICIAN: | PHYSICIAN PHONE: | |

HOSPITAL PREFERENCE, IF ANY:

HEALTH INSURANCE CARRIER: _____ ID# _____ GROUP# _____

In the event that Revolution Parkour cannot reach parents in case of accident or other emergency, persons listed below are authorized to grant permission for emergency medical treatment.

| | |
|-------------|------------------------------|
| NAME: | RELATIONSHIP TO PARTICIPANT: |
| HOME PHONE: | BUSINESS PHONE: |
| NAME: | RELATIONSHIP TO PARTICIPANT: |
| HOME PHONE: | BUSINESS PHONE: |