ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT (THE “AGREEMENT”) YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUIT. PLEASE READ CAREFULLY.

All numbered boxes on BOTH sides of this page MUST be filled out in order to participate.

Initials and signatures must be of the parent or guardian (for participants under 19) or of the participant if they are 19 years of age or older.

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ASSUMPTION OF RISK: I understand that by participating in the classes, programs, workshops, or “open gym” sessions (the “activities”) offered by Origins Parkour Ltd. (“Origins”), I will receive information and instruction about physical fitness programming, including but not limited to Parkour; and I recognize that acting on this information or instruction will require the use of Origins’ equipment and facilities.

I further understand and am aware of the risks, dangers, and hazards associated with or arising from the use of the equipment and facilities of Origins and from participation in the activities, including but not limited to: fainting, abnormal blood pressure, musculoskeletal injuries (such as neck and back strains, muscle strains, muscle pulls, tendon and ligament damage, damage to joints or bone fractures), paralysis, death, or damage to myself, property, or to third parties, resulting from:

a) Falling and impacting wall surfaces or the ground, including any fixed or mobile objects, obstacles, or equipment, including both wooden and metal objects, obstacles, or equipment;
b) Falling participants or equipment, such as shoes, or weights;
c) Participation in the physical activity of the sport itself;
d) Negligence on the part of other participants; and/or
e) Negligence on the part of Origins or its employees, agents, instructors or independent contractors (collectively the “Releasees”), including the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of the activities.

I further understand that Origins has rules and policies in place regarding safety, the activities, and the use of Origins’ equipment and facilities (the “rules”), and I acknowledge that I have reviewed the rules and that I understand the rules. I acknowledge that failure to follow any of the rules may result in complete revocation of all privileges provided by Origins without refund of any fees.

I further understand that it is my responsibility to consult with a physician or doctor prior to and regarding my participation in the activities. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the activities.

I further understand that Origins does not carry accident, medical, or dental insurance on my behalf.

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RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNIFICATION: In consideration for Origins allowing me to participate in the activities and permitting my use of Origins’ equipment and facilities, and for good and valuable consideration, the receipt and sufficiency of which is acknowledged, I agree as follows:

1. To waive any and all claims that I have or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from my participation in the activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the Occupiers Liability Act, R.S.B.C. 1996, C-335, or any part of the Releasees, and also including, but not limited to, the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of the activities referred to above;
2. To hold harmless and indemnify the Releasees from any and all liability for any damage to property or of personal injury to any third party, resulting from my participation in the activities;
3. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and representatives, in the event of my death or incapacity;
4. This agreement limits the liability of Origins’ employees, agents, instructors or independent contractors (the “Agents”) to the same extent as it limits the liability of Origins, even though the Agents are not formally parties to the Agreement;
5. In entering into this agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of the activities other than what is set forth in this agreement;
6. This agreement supersedes any prior agreement or understanding between the parties.
7. This agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the province of British Columbia and no other jurisdiction; and
8. Any litigation involving the parties to this agreement shall be brought solely within the province of British Columbia and shall be within the exclusive jurisdiction of the courts of the province of British Columbia.

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and representatives may have against the Releasees.

I am 19 Years of age or older, and I have read and understand the Agreement. I understand that this document contains a promise not to sue Origins and/or the Agents and that it constitutes a release of liability and an indemnity for all claims. If I am the parent and/or guardian of the participant, I have read the Agreement, and understand and execute the Agreement on behalf of my child/ward.

IN WITNESS WHEREOF I HAVE EXECUTED THIS DOCUMENT AT THE CITY OF VANCOUVER IN THE PROVINCE OF BRITISH COLUMBIA ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES, HEIRS AND Assigns

WITNESS

DATE / MONTH / YEAR

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE

PRINT NAME OF SIGNATORY

PRINT NAME OF CHILD IF SIGNING AS PARENT/GUARDIAN

PLEASE COMPLETE SECTION 4 ON THE BACK SIDE OF THIS SHEET
ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT

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PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>PARTICIPANT NAME</th>
<th>PHONE NUMBER</th>
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<tr>
<td>DATE OF BIRTH: <em><strong>/</strong></em>/___</td>
<td>EMAIL ADDRESS</td>
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EMERGENCY CONTACT INFORMATION

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<tr>
<th>EMERGENCY CONTACT NAME</th>
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THE FOLLOWING PHOTO/VIDEO WAIVER IS OPTIONAL AND IS NOT REQUIRED FOR PARTICIPATION

Initials and signatures must be of the parent or guardian (for participants under 19) or of the participant if they are 19 years of age or older

OPTIONAL PHOTO/VIDEO WAIVER

WARNING: BY SIGNING THIS PHOTO/VIDEO WAIVER YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY.

RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNIFICATION: For good and valuable consideration, the amount and sufficiency which is hereby acknowledged, I consent and authorize Origins Parkour Ltd. operating as Origins Parkour ("Origins") and its employees, agents, instructors or independent contractors to take still pictures, motion pictures, sound recordings, and/or video recordings of the participant (collectively, the "materials"), and to use and adapt such materials in its educational and recreational programs and/or in promoting Origins' programs or activities at any time or place and in any medium in the future

I agree to indemnify, hold harmless and release Origins and its employees, agents, instructors or independent contractors from any and all claims arising from such material. All such still pictures, motion pictures, sound recordings and/or video recordings become the property of Origins. I agree to assign the participant's copyright, including performer's rights, in the materials to Origins. I agree to waive all moral rights the participant may have in the material in favour of Origins in perpetuity.

I am 19 Years of age or older, and I have read and understand the Photo/Video Waiver. I understand that this document contains a promise not to sue Origins and/or the Agents and that it constitutes a release of liability and an indemnity for all claims. If I am the parent and/or guardian of the participant, I have read the Photo/Video Waiver, and understand and execute the Photo/Video Waiver on behalf of my child/ward.

IN WITNESS WHEREOF I HAVE EXECUTED THIS DOCUMENT AT THE CITY OF VANCOUVER IN THE PROVINCE OF BRITISH COLUMBIA ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS

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<th>WITNESS</th>
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<tr>
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<td>PRINT NAME OF CHILD IF SIGNING AS PARENT/GUARDIAN</td>
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