

# UNDEFEATED

## WAIVER FORM

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F

Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

### Personal History

Do you have any injuries, difficulties and/or problems with high intensity exercise? Please Circle: YES or NO

If YES, please specify: \_\_\_\_\_

### Training Interest and Goals

What are they? Please specify: \_\_\_\_\_

*Membership Type: (office use only)*

*Boxing + Fitness(\$150/month), Boxing (\$125/month), Fitness (\$100/month)*

*Registration Number # \_\_\_\_\_ (\$50 per calendar year)*

**WAIVER/RELEASE AGREEMENT**

Understand that there are risks and dangers inherent in participating and/or receiving instruction in (Personal Training, Women's Boxing, Youth Boxing, Strength and Conditioning Classes) hereinafter "Activity". I also understand that in order to be allowed to participate and/or receive instruction in Activity; I must give up my rights to hold Undefeated instructors liable for any injury or damage which I may suffer while participating and/or receiving instruction in Activity. Knowing this, and in consideration of being permitted to participate and/or receive instruction in Activity, I hereby voluntarily release Undefeated instructors from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Activity. As participant in a program or activity Undefeated (or as a parent or guardian of a participant), I hereby Undefeated permission to use my or my child image, video form, or voice photograph, video tapes, internet website or other materials prepared or released by Undefeated from time to time, for promotional, safety or instructional purposes. I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, instructors, participants and property owners of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in Activity with the Undefeated instructors, its officers, property owners or instructors. I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others. I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian for said children. I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Undefeated instructors, its officers, instructors, property owners or active participants harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in Activity. I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document of my own behalf. I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Activity.

**Participant Release (if over 18 years of age)**

Print Name: \_\_\_\_\_

Participant / Member Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent/Guardian Release (if under 18 years of age)**

I am the parent or legal guardian of the minor \_\_\_\_\_,  
and I am signing this Waiver/Release on behalf of said minor.

Print Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## USA Boxing Hold Harmless Waiver

In consideration for my being allowed to participate in boxing activities at UNDEFEATED.LIFE (Gym/Club Name), I hereby acknowledge that such activities (and the gathering of people in public generally) include many risks, known and unknown, and that I hereby accept and assume all risks associated with such activity. I further agree to hold USA Boxing, its member, affiliates, agents, LBCs, directors, employees, volunteers, and other persons associated with USA Boxing harmless from and release them of any liability whatsoever for any and all claims, demands, damages and causes of action of any nature whatsoever related to my participation in those activities.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



**USA Boxing, Inc.**

1 Olympic Plaza · Colorado Springs, Colorado 80909  
(719) 866-2300 · FAX: (719) 866-2132 · Website: [www.usaboxing.org](http://www.usaboxing.org)

## Billing Information

### Card Details

Visa  MasterCard  Discover

Cardholder Name: \_\_\_\_\_

CC Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_ Zip Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_