



## WAIVER FORM

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

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

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

Cell: \_\_\_\_\_ (email) \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Current Weight \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

### PERSONAL HISTORY

Do you ever have any injuries, difficulties or problems during a high intensity exercise?

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If so, please Specify

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### INJURIES

Please list any injuries that may prevent you in performing physical activity:

List: \_\_\_\_\_

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### TRAINING INTEREST AND GOALS:

What goals do you have?

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## WAIVER/RELEASE AGREEMENT

Understand that there are risks and dangers inherent in participating and/or receiving instruction in (Personal Training, Boxing and Aerobics 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 Left 2 the Chin Boxing Club 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 Left 2 the Chin Boxing Club 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 Left 2 the Chin Boxing Club (or as a parent or guardian of a participant), I hereby Left 2 The Chin permission to use my or my child image, video form, or voice photograph, video tapes, internet website or other materials prepared or released by Left 2 the Chin 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 Left 2 the Chin Boxing Club and Boxing 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. This would also include whether a COVID-19 infection occurs before, during, or after participation in any Club program. 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 Left 2 the Chin Boxing and Boxing 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.

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

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

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

Parent/Guardian Release: 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: \_\_\_\_\_