# GOLDEN HILL BOXING CLUB

## PARTICIPANT WAIVER FORM

**FULL NAME**

**COMPLETE ADDRESS**

**PHONE NUMBER**

**DATE OF BIRTH**

**MEDICAL INFORMATION OR SPECIAL INSTRUCTIONS** (optional)

**EMERGENCY CONTACT NAME**

**EMERGENCY CONTACT PHONE**

### RELEASE OF LIABILITY

In consideration of the acceptance of my application as a participant to Golden Hill Boxing Club I hereby agree to assume all risks attendant upon myself while participating in any activities at Golden Hill Boxing Club. I hereby waive, release, and discharge any and all claims for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in Golden Hill Boxing Club. I agree to indemnify and hold harmless from liability Golden Hill Boxing Club and/or any of their agents, volunteers, or employees by reason of any accident, death, injury, or damages, to persons or property which I may suffer while participating in fitness activities. This release is intended to discharge in advance Golden Hill Boxing Club and any of its agents or employees by any reason of any accident, death, injury, or damages to persons or property which I may suffer, from and against any an all liability arising out of or connected in any way with my participation at Golden Hill Boxing Club.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns of me. I agree to assume all responsibilities for any property damage or injury to any person caused by me while participating in activities at Golden Hill Boxing Club. I have read, and understand this release of liability form.

**PARTICIPANT SIGNATURE**

**DATE SIGNED**

Sign and date above to confirm you have read and understand this waiver.

**IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE**

**PARENT / GUARDIAN SIGNATURE**

**DATE SIGNED**

Required for all participants under 18. By signing, the parent or guardian agrees to the release of liability on the participant's behalf.