

# PARTICIPANT LIABILTY & WAIVER FORM



PARTICIPANT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

IF YOU HAVE ANY IMPORTANT MEDICAL INFORMATION, SPECIAL MEDICINES,  
OR SPECIFIC MEDICAL INSTRUCTIONS, PLEASE LIST THEM BELOW:

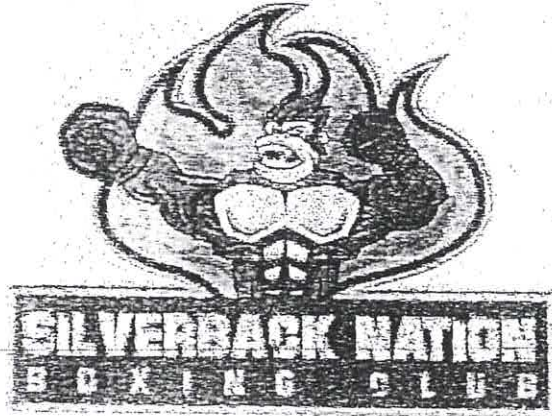
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY RESTRICTIONS TO MEDICAL CARE WE SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_



# REGISTRATION FORM

CLASSES OFFERED ON MONDAY, Tuesday, Thursday, Friday FROM 5:30 PM TIL 8 PM

MEMBERSHIP FEES ARE \$20.00 A WEEK OR \$80.00 A MONTH

EXTRA CLASSES ARE OFFERED ON SATURDAYS BY REQUEST

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE (IF APPLICABLE): \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALT PHONE #: \_\_\_\_\_

MEMBER SIGNATURE

TODAY'S DATE

PARENTAL CONSENT:

I AUTHORIZE THE SILVERBACK NATION BOXING CLUB STAFF MEMBERS OR DESIGNATED MEDICAL REPRESENTATIVE TO CARE FOR MY CHILD SHOULD THERE BE ANY NEED FOR MEDICAL ATTENTION. I ALSO CERTIFY THAT MY CHILD, \_\_\_\_\_, IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE SILVERBACK NATION BOXING CLUB.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JAMIE AT 318-535-6747

*In consideration of the acceptance of my application as a participant to THE SILVERBACK NATION BOXING CLUB, I hereby agree to assume all risks attendant upon myself while participating in this club. I hereby waive, release, and discharge 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 THE SILVERBACK NATION BOXING CLUB. I agree to indemnify and hold harmless from liability THE SILVERBACK NATION BOXING CLUB and its members and/or any of their agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages to persons or property which I may suffer while participating THE SILVERBACK NATION BOXING CLUB. This release is intended to discharge in advance THE SILVERBACK NATION BOXING CLUB and its members and/or any of their agents, servants, or employees by any reason of any accident, death, injury, or damages to persons or property which I may suffer, from and against any and all liability arising out of or connected in any way with my participation organized by THE SILVERBACK NATION BOXING CLUB even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.*

*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 of injury to any person caused by me while participating in THE SILVERBACK BOXING CLUB. I have read and understand fully the release of liability form.*

X: \_\_\_\_\_ DATE: \_\_\_\_\_

*PARTICIPANT SIGNATURE*

X: \_\_\_\_\_ DATE: \_\_\_\_\_

*PARENT/GUARDIAN SIGNATURE*

*(MUST SIGN FOR PARTICIPANTS UNDER THE AGE OF 18)*