

Waiver of Liability

I understand that my participation in classes, exercise programs, activities, events, shows, and any related activity conducted by Bell City Boxing Club or its affiliates is voluntary and at my own risk. By signing below, the participant or their parent/guardian (if participant is under 18 years of age) accepts the following statements:

Bell City Boxing Club, its owners, officers, directors, employees, volunteers, affiliates and advisors and the facilities from and for any accident will hold harmless against:

- 1) Any injury, illness, death, loss, damage to person or property or other consequences suffered by the participant or any other person,
- 2) Any financial obligation through the participant's personal health insurance for any medical costs,
- 3) Any medical expenses or damage suffered by the participant in connection with the use of the facilities, equipment or services in connection with the boxing classes, exercise programs, events, shows

I acknowledge that I have read this document in its entirety and understand the above.

The participant, _____ [print name], agrees that this is a release of liability of the participant's legal right to collect damages in the event of injury, death or property damage and an agreement between the participant and Bell City Boxing Club and participant signs it of his/her own free will.

Signature of Participant (if participant is over 18 years of age)

Date (mm/dd/yyyy)

Signature of Parent/Guardian (if participant is under 18 years of age)

Date (mm/dd/yyyy)