

WAIVER OF RELEASE AND LIABILITY

Organization Name: Texas Box N Burn, LLC. office phone: 903-638-6105

In consideration of being allowed to participate in any way in the gym, related events and activities, and use of equipment, I the undersigned, acknowledge, and agree that:

I understand the risk of injury from the activities involved in this gym is significant, I am aware of my own health and physical condition, and having knowledge that my participation in any exercise may be injurious to my health, I am voluntarily participating in a physical activity.

I, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS <u>Texas Box N Burn, LLC. located</u> <u>at 118 CR 2600, Mineola, TX 75773</u> its employees, other participants, owners and lessors of premises used to conduct the event, (RELEASES), from any and all claims, demands, losses, and liabilities arising out of or related to INJURY, NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

Please initial here ______ if you DO NOT give permission to have pictures or videos posted on the Texas Box N Burn facebook page, instagram or business website. I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF **18 OR OLDER**, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT. Phone Number: _______

Phone Number:_____ Email Address:_____

Participant's Name (print) :______Signature:_____Date:_____

If under the the age of 18 then this release must be signed by a parent or legal guardian:

I HEREBY CERTIFY that I am the parent/guardian of,	and give my
consent for my child to participate.	
Parent/Guardian:	

Relationship to Minor:______Signature_____Date:_____

Waiver of coverage:

I acknowledge that I have been offered the opportunity to purchase coverage from USA Boxing for myself. Please initial accordingly.

_____I decline enrollment at this time

_____I would like to sign up for the USA Boxing membership that includes sports accident insurance through Federal Insurance Accident Medical Expense. \$25,000 annual coverage. \$25.00 for ages 8-17, \$35.00 for ages 18 and older.