



Client Profile

name _____ date _____

age _____ b-date _____ e-mail _____ tel _____

mailing address _____ city _____ zip _____

emergency contact _____ relationship _____ tel _____

I hereby authorize the coaches/trainers to provide emergency treatment of any injury or illness to myself that I may experience until qualified medical personnel can perform the necessary medical treatment.

I give Boxing Strong™ permission to send me emails about new products, services, events and special offers.

Physical Activity Readiness Questionnaire

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Common sense is your best guide when you answer these questions.

y	n	has your doctor ever said you have heart trouble?
y	n	do you feel pain in your chest when you perform physical activity?
y	n	in the past month, have you had chest pain when you are not performing any physical activity?
y	n	do you lose your balance because of dizziness or do you lose consciousness?
y	n	do you have a bone or joint problem that could be made worse by a change in your physical activity?
y	n	is your doctor currently prescribing any medication for your blood pressure or a heart condition?
y	n	do you know of any other reason why you should not engage physical activity?

Client signature _____ Date _____

if you have answered "yes" to any of these questions, consult your physician before you engage in physical activity. Tell your physician which questions you have answered "yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your condition.

ADULT voluntary release, waiver and assumption of risk waiver

Please read the following agreement carefully before signing

I _____, hereby acknowledge my understanding of the inherent risks associated with strenuous physical exercise. I understand that I am not obligated to perform any activity that I do not wish to perform and that I have the option of stopping any activity at any time. I assume the risk of and agree to accept responsibility for any injuries or damages resulting from my participation in a fitness/training program.

I hereby confirm that the answers I have provided to the health history client profile questions are complete and accurate to the best of my knowledge, belief, and understanding. I acknowledge that I have been advised to consult with the physician of my choice before beginning any fitness program. I understand that it is my responsibility to inform my personal trainer/instructor of any exercise restrictions or limitations.

I am aware that participating in boxing is a potentially hazardous activity. I assume all risks associated with participation in boxing, including, but not limited to: falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks are understood and appreciated by me.

I do, by this form, voluntarily release, exempt, and discharge Boxing Strong™, its owners and agents, from all liability and responsibility for personal injury and damages and from all claims or actions arising from or related to my participation in a fitness/training program. This release waiver and assumption of risk shall be binding upon my heirs, executors, administrators, successors and assigns and any person or entity who makes claims through me or on my behalf. I confirm that I have read and understand the foregoing paragraphs and have signed this release, waiver and assumption of risk freely and intend my signature to be a complete unconditional and irrevocable release of all liability to the greatest extent allowed by law.

date: _____ printed name _____ signature _____