



I _____ ,

hereby acknowledge that my participation in activities at Legends Boxing and Wellness Center, LLC involves inherent risks, including but not limited to physical injury.

In consideration of being allowed to participate, I agree to assume all risks associated with the actives and hereby release Legends Boxing and Wellness Center, LLC, its employees and affiliates from any and all liability for injuries or damages that may occur.

I certify that I am physically fit to participate in these activities and have no medical conditions that would jeopardize my safety. In case of emergency, I authorize staff to seek medical attention on my behalf.

I understand and agree that this waiver is binding on me and my heirs. I have read and voluntarily signed this waiver with the understanding of its content.

_____ Signature

_____ Date

_____ Parent/Guardian Name (if applicable)