

## Declaration of Understanding & Waiver of Liability for ReDirect Athletics Sparring and Boxing Training Program

I, (name of participant) the undersigned, knowingly and without duress, do voluntarily participate in ReDirect Athletics Sparring and Boxing Training Program.
I understand and acknowledge that the training and sparring involves some degree of risk of personal injury. I warrant that I am medically sound and hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in ReDirect Athletics Sparring and Boxing Training Program.
Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release ReDirect Athletics, their officers, agents, representatives, volunteers, and other related members from all claims, actions, suits, and demands of every kind in of or resulting from any accident, injury or damage (including but not limited to the participant's person, whether fatal or otherwise, property and personal belongings) that I may sustain while participating in ReDirect Athletics Sparring and Boxing Training Program.
I fully understand that all medical attention or treatment afforded to me by ReDirect Athletics contracted doctors, volunteers, and all other related members will be of the first aid only, and hereby release ReDirect Athletics, its officers, representatives, volunteers, and all other related members from any liability for administering such aid.
I agree to abide by and follow the rules and regulations established by ReDirect Athletics.
I agree that my performance, attendance, and participation in ReDirect Athletics Sparring and Boxing Training Program.may be photographed, filmed or otherwise recorded or released.
I consent to the use by ReDirect Athletics, of my name, address, voices, poses, pictures and biographical data in full or in part, in any form or language, with or without other material, throughout the world, without limitation, for, promotional material, internet, television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby Waive any compensation in regard thereof as well as any future rights to the aforementioned.
I have read and fully understand the declaration listed above.
Participant Signature:
Parent/Legal Guardian Signature:(Parent/Legal Guardian to sign if under 18 yrs)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_