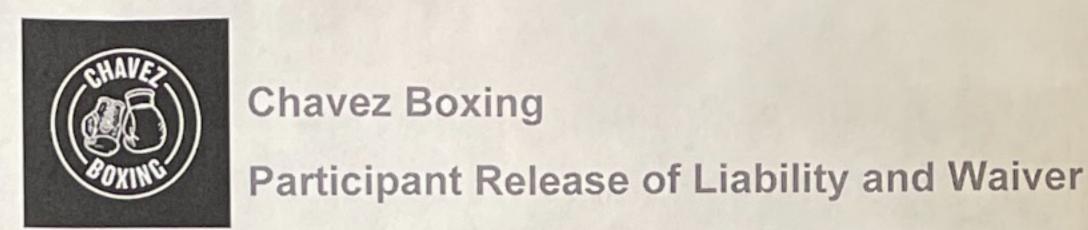# Chavez Boxing

New Membership Form

(If you have an email address, please scan the QR Code)

Members Name: _____

Date of Birth_____ Age:_____

Address: _____ City_____ St_____ Zip Code:_____

Phone:_____ Circle One (Cell , Work, Home)

Email Address:_____

Do you have any experience? Yes or No

If you are under the age of 18, please have your parent or guardian fill in this information:

Parent/Guardian Name:_____

Phone Number:_____

Signature:_____

In Case of an Emergency:

Name:_____ Relationship:_____

Phone:_____

TURN OVER

Chavez Boxing

Participant Release of Liability and Waiver

Participant Certification:

I certify that I am in good physical health and have no history of chronic medical conditions that would prevent me from participating in boxing and/or fitness training.

Release of Claims:

By signing below, I willingly release Chavez Boxing, its employees, agents, and affiliates (Chavez Boxing) from any claims, including those based on negligence, for damage or injury to myself or others during my training activities with Chavez Boxing.

Acknowledgment of Training Activities:

I know that Chavez Boxing training involves intense aerobic and anaerobic activity, including but not limited to sparring, heavy bag work, speed bag work, jump rope, medicine ball workouts, and mobility exercises. I understand and accept the associated risks.

Assumption of Risk:

I fully comprehend the potential risks of personal injury and property damage due to participating in the training activities titled Chavez Boxing, including the use of Chavez Boxing equipment. I hereby agree to assume such risks.

Informed Consent:

I acknowledge that Chavez Boxing is providing training to me with my informed consent to release Chavez Boxing from all liability associated with its training activities, as further evidenced by my signature below.

Invalidity Clause:

I understand that if any participant release and waiver provisions are deemed invalid or unenforceable, the remaining provisions shall continue in full force and effect.

Thank you,
Chavez Boxing

Participant:_____ Date of Birth:_____

Printed Name:_____

Signature:_____ Date:_____