



Gloves Up, Guns Down

Boxing

Waiver / Release Form

By enrolling in the **GLOVES UP, GUNS DOWN PROGRAM**, participants agree to engage in boxing program while releasing **H.E.L.P.E.R. Foundation** and **Voices of Our Youth** from any liability. This agreement indemnifies and holds harmless the program and its owners, officers, directors, employees, affiliates and advisors and the facilities (collectively, "**GLOVES UP, GUNS DOWN PROGRAM**") from any consequences, including accidents, injuries, or damages, that may occur during participation. Participants voluntarily accept these terms to prioritize their well-being and safety while benefiting from the program's offerings.

In the event that the Participant is injured, Participant agrees to assume any financial obligation, either through Participant's personal health insurance, or through some other means, for any medical costs which Participant incurs.

GLOVES UP, GUNS DOWN PROGRAM assumes no responsibility for any medical expenses, injury, or damage suffered by Participant in connection with the use of the facilities, equipment or services in connection with the **GLOVES UP, GUNS DOWN PROGRAM**.

BY SIGNING BELOW, THE PARTICIPANT EXPRESSLY ASSUMES ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON THEMSELVES, EXCLUDING THE **GLOVES UP, GUNS DOWN PROGRAM**. THE PARTICIPANT ALSO EXEMPTS AND RELIEVES THE **GLOVES UP, GUNS DOWN PROGRAM** FROM LIABILITY FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH.

Participant further agrees that they, along with their spouse, assignees, heirs, guardians, and legal representatives, will not make any claims against, sue, or attach the **GLOVES UP, GUNS DOWN PROGRAM** for any loss or damage resulting from their participation in the program or use of the facilities, equipment, or services provided.



Participants will engage in a variety of activities, including jumping, stretching, turning, lifting, punching, and twisting. They are aware of the range of movements involved and are prepared to participate in these physical activities. _____(Initial)

Please note that engaging in boxing activities carries inherent risks such as strains, sprains, tears, and broken bones. It is important for participants to be aware of these potential dangers. _____(Initial)

By signing this agreement, the participant acknowledges and accepts the terms outlined herein. This document serves as a release of liability and a waiver of the participant's right to seek damages in case of injury, death, or property damage during the **GLOVES UP, GUNS DOWN PROGRAM**. It is a contractual agreement between the participant and the program, entered into voluntarily by the participant.

Print Name of Participant: _____

Age of Participant: _____ School Attending: _____

Participant's Signature: _____

If the Participant is under 18, Parental or Legal Guardian must sign waiver.

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

