



USA Boxing Hold Harmless Waiver

In consideration for being allowed to participate in boxing activities at Valencia Boxing, I hereby acknowledge that such activities (and the gathering of people in public generally) include many risks, known and unknown, and that I hereby accept and assume all risks associated with such activities. I further agree to hold USA Boxing, its member, affiliates, agents, LBCs, directors, employees, volunteers, and other persons associated with USA Boxing Harmless from and release them of any liability whatsoever for any and all claims, demands, damages and causes of action of any nature whatsoever related to my participation in those activities.

Printed Name: _____.

Signature: _____.

Date: _____.

Parent/Guardian Name: _____.

Parent/Guardian Signature: _____.

This form must be filled out in its entirety without modification or participation will be denied

Participant Information

Participants Name

Street Address: Apt/Unit

Gender

Birth Date

Telephone

City, State, Zip Code

Email Address

School (if student)

Grade (if Student)

Age

Weight

Height

Emergency Information

Primary Contact

Name

Participants Physician/Hospital Name

Emergency Contact Phone

Secondary Contact

Name

Emergency Contact Phone

Medical History

Food Allergies

Medication Allergies

I hereby give permission for my child to participate in Valencia Boxing activities, including swimming and field trips. I fully assume all responsibility for injuries she/he may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release Valencia Boxing and its employees, coaches and volunteers from liability for any injury I or my child may sustain.

I understand that this form will be due the first day of class or the child will not be allowed to participate in any Valencia Boxing activities.

Signature of parent or legal guardian(if participant is under 18 years of age). _____ Date _____

<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 5px;"></div> Name	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 5px;"></div> Relationship to Child
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Child May walk home unescorted at time of dismissal? _____.
Y N

Signature of Participant (Parent or Guardian if under 18 years) _____ Date _____

Coaches Signature _____ Date _____

WELCOME TO VALENCIA BOXING!