

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 Telephone Gender Birth Date City, State, Zip Code **Email Address** School (if student) Grade (if Student) Age Weight Height **Emergency Information Primary Contact** Participants Physician/Hospital Name Name **Emergency Contact Phone Secondary Contact** Name **Emergency Contact Phone Medical History Food Allergies Medication Allergies**

Agreement to Participate

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 hereby Grant permission to Valencia Boxing for the use of any and all photos in which I or my child may appear(wards of the state excluded). The usage is inclusive of but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos. 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.

I have read the agreement to participate and agree to all information contained in the above participant (parent/legal guardian of participant under the age of 18) agreement and have filled out the emergency information completely.

Signature of parent or le	gal guardian(if participant is under 18 years o	of age). Date
Parental Guardian Aç	greement	
Name	Relationship to Child	
Child May walk home un	escorted at time of dismissal?	<u>.</u> N
Signature of Participant (Parent or Guardian if under 18 years)	Date
 Coaches Signature	<u>.</u>	 Date

WELCOME TO VALENCIA BOXING!