Dominguez boxing club Waiver and Release of Liability

Participant Information:

Name:	
Date of Birth:	
Address:	
Phone Number:	
Email:	
	Emergency Contact Information:
Name:	
Phone Number:	

Assumption of Risk:

I, the undersigned, acknowledge and fully understand that boxing is a physically demanding activity that involves inherent risk of serious injury, including permanent disability and death. I understand that these risks may be caus by my own actions, the actions of others, or the conditions under which the activity takes place.

Release and Waiver:

In consideration of being allowed to participate in boxing activities provided by Dominguez boxing club, I hereby release, waive, discharge, and covenant not to sue Dominguez boxing club, its owners, employees, coaches, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relate to any loss, damage, or injury, including death, that may be sustained by me, whether caused by the negligence o the releasees or otherwise, while participating in such activities or while on the premises where the activities are conducted.

Indemnification:

I agree to indemnify and hold harmless Dominguez boxing club from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in boxing activities, whether caused by the negligence of releasees or otherwise.

Medical Authorization:

In the event of an emergency, I authorize Dominguez boxing club to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of all medical services rendered.

Acknowledgment of Understanding:

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understood its terms, and understood that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18):

Date: _____