

Peña Boxing Club
7840 Carr St.
Dallas, TX 75227
469.879.2380

INJURY WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN BOXING (hereinafter program) OR ANY OTHER FORM OF PHYSICAL ACTIVITY offered by the Peña Boxing Club, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them.

I CERTIFY that there are no health-related reasons or problems which preclude my participation in these programs, activities, or events onsite/offsite Peña Boxing Club premises.

I ACKNOWLEDGE that this Injury Waiver and Release of Liability Form will be used by the Peña Boxing Club, its program instructors, and their affiliates, and that it will govern my actions and responsibilities at said programs, activities, and events.

I UNDERSTAND that boxing and training involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by me or the actions of inactions of others participating in the activity.

IN CONSIDERATION of my agreement with the Peña Boxing Club, and permitting me to participate in these programs, I hereby take action for myself, my executors, administrators, heir, next of kin, successors, and assigns as follows:

- (A) I WAIVER, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kinds which may hereafter occur to me including traveling to and from any Peña Boxing Club programs, activity, or event, THE FOLLOWING ENTITIES OR PERSONS: Peña Boxing Club and/or its directors, officers, employees, volunteers, representatives, agents, the program instructors, activity, or event holders, activity or event sponsors, activity or event volunteers:
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in these programs, activities, or events, whether caused by the negligence of release or otherwise.

I HEREBY ACKNOWLEDGE that I am fully required to provide my own medical coverage and that the Peña Boxing Club will not be held liable for any expenses incurred for treatment of injuries while participating in these programs, activities, or events.

The injury waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN OF MY OWN FREE WILL.

Printed Name of Participant

Signature of Participant

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years of age)

The undersigned parent and natural guardian does hereby represent that he/she is in fact, has consented to his/her child or ward's participation in the programs, activities, or events, and has agreed individually and on behalf of the child or ward, to the terms of the injury waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Printed Name of Parent/Guardian

Signature of Parent/Guardian
(if participant is under 18)

Peña Boxing Club

Participant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____

Emergency Contact Information

Contact 1: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Relationship: _____

Contact 2: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Relationship: _____

Do you give us permission to transport you to the nearest
medical facility should you incur serious injury during
normal hours

YES

NO

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PHOTO RELEASE FORM

I hereby grant the Peña Boxing Club permission to use my likeness in a photograph in any and all of its publications, including web site entries, without payment or any other consideration.

I UNDERSTAND AND AGREE that any photograph taken will become the property of the Peña Boxing Club and will not be returned. I hereby irrevocably authorize the club to copy, exhibit, publish or distribute of any photograph or video. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Peña Boxing Club from all claims, demands, and causes of action which I, my heirs, representative, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature

Date

If the person signing is under 18, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent/guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature

Date