



New Member Waiver Form

Name: _____
First, Middle, and Last Name

Address: _____
Number, Street, City, Zip Code

Phone #: _____ Email: _____

List any medications, important medical information, or special instructions:

List any restrictions you have:

Physician Name: _____ Phone #: _____

Insurance Provider: _____ ID: _____

Insurance Phone #: _____

Emergency Contact Person: _____ **Phone #:** _____

RELEASE OF LIABILITY

In consideration of the acceptance of my application as a participant of Tazmanian Boxing Club I hereby agree to assume all risks attendant upon myself while participating at this club. I hereby waive, release, and discharge any and all claims for injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation at Tazmanian Boxing Club. I agree to indemnify and hold harmless from liability Tazmanian Boxing Club and its members, chapters, and/or any of its agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages to persons or property which I may suffer, while participating at Tazmanian Boxing Club. This release is intended to discharge in advance Tazmanian Boxing Club, its members, chapters, and/or any of its agents, servants, volunteers, or employees by any reason of any accident, death, injury, or damages to persons or property which I may suffer from and against any and all liability arising out of or connected in any way with my participation organized by Tazmanian Boxing Club even though that liability may arise out of negligence or carelessness on the part of the persons or entites named above.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns of me. I agree to assume all responsibilities for any property damage caused by me while participating in activities at Tazmanian Boxing Club. I have read and understood the release of liability form.

Member Signature: _____ Parent Signature: _____

If under 18, parent signature is required

***I agree to pay all of my class dues each month.**

ASSUMPTION OF RISK/WAIVER OF LIABILITY

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and my child/ward, do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Note: The signed waiver/release should be kept on file by the boxing club organization for at least five years and possibly longer if the player has contracted a series illness.

