

WAIVER FORM FOR REGISTRATION THE BOXING ACADEMY

171 Dawson Rd. Unit A

PLEASE PRINT ON FO	ORM Year		_ Date	
Name	LAST		Date – of Birth —	MM/DD/YY
Address			Phone _	CELL
				CELL
Email			Phone _	HOME
				HOME
Release and Waiver:				
YOU MUST READ, UNDERST	AND & AGREE WITH THIS	S WAIVER BE	FORE YOU SIGN	N THIS AGREEMENT
undersigned's heirs, executors known or unknown and injuries sports activity of boxing. I, the and I am fully aware of the natu and do hereby assume the risk In witness wherefore, I agr	s to property, real or person undersigned fully understar ure of these risks, but waive	nal, caused by and that this sport orights, claims	or arising out of the orts activity has inless, cause of action	he participation in the herent risks involved etc., as heretofore,
	, on the	_ day of		
City or Town SIGNATURE OF APPLICANT OF LEGAL	Today's Date		Month RE OF PARENT OR GU TE IS UNDER LEGAL A	JARDIAN
How did you hear about	the club?		TRIAL CLAS	SS OPTIONS
		\$	20 (1 class)	\$30 (2 classes)
		Paym	_	OTE: es by Cash Only Please.