



WAIVER FORM FOR REGISTRATION TNT BOXING ACADEMY 171 Dawson Rd. Unit A

Year _____

Date _____

Name _____
FIRST LAST

Date of Birth _____
MM/DD/YY

Address _____

Phone _____
CELL

Email _____

Phone _____
HOME

PLEASE PRINT ON FORM

Release and Waiver:

YOU MUST READ, UNDERSTAND & AGREE WITH THIS WAIVER BEFORE YOU SIGN THIS AGREEMENT

In consideration of membership and permission to participate in boxing granted me, my son, daughter, ward, by TNT Boxing Academy, I hereby release & discharge TNT Boxing Academy & any of its coaches, officials, members, agents, officers, or employees from any and all claims, actions, judgments and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by or arising out of the participation in the sports activity of boxing. I, the undersigned fully understand that this sports activity has inherent risks involved and I am fully aware of the nature of these risks, but waive rights, claims, cause of action etc., as heretofore, and do hereby assume the risk.

In witness wherefore, I agree with all the contents & have executed this release at:

_____, on the _____ day of _____, _____
City or Town Today's Date Month Year

SIGNATURE OF APPLICANT OF LEGAL AGE (18+)

SIGNATURE OF PARENT OR GUARDIAN
IF ATHLETE IS UNDER LEGAL AGE

TRIAL CLASS OPTION

How did you hear about the club?

\$20 (1 class)

please contact:
tntboxingacademy@hotmail.com
to set up your first trail class

PAYMENT FOR TRIAL CLASSES BY **CASH ONLY PLEASE.**