

NORTHSIDE BOXING

NORTHERN BEACHES NSW

Waiver/Release Form

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Best Contact: _____

Occupation: _____ Source: _____

In Case of Emergency Contact Name: _____

In Case of Emergency Contact Phone: _____

Please state your personal goals and objectives: _____

Medical History - Do you suffer from any of the following?

	Yes	No		Yes	No
Heart Condition/Chest Pain			Is there any other condition that may restrict physical activity? Details:		
High/Low Blood Pressure			Are you currently on any medications? Details:		
Diabetes			Have you had surgery in the last 2 years that could affect your training? Details:		
Thrombosis/Poor Circulation			Are you pregnant?		
Epilepsy			When was your last medical check-up? Date:		
Rheumatic Fever			Are you currently a smoker?		
Liver/Kidney Condition			Are you currently exercising? Details:		
Asthma					
Arthritis					
Muscle/Bone/Joint Problems					
Anorexia/Bulimia					

Waive and Release

I hereby WAIVE and RELEASE Northside Boxing (to be known as the released party) from liability pertaining to the matters set forth below. I understand by signing the waiver and release I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the below related activity. On behalf of myself, my heirs, my assigns and next of kin, I waive all claims for damages, injuries and death sustained to me that I may have against the above named release party to such activity.

I understand that the activities that I will participate in are inherently dangerous and may cause serious injury, including bodily injury and death. By this waiver, I assume any risk and take full

responsibility and waive any and all claims of personal injury including severe bodily injury, damage to personal property and death relating to all activities associated with Northside Boxing, including but not limited to receiving lessons at the facility, using the facility and its equipment, practising and engaging in boxing/martial arts activities, and related activities on and off the premises. If I am injured from said activity, I will not hold released party responsible even if the injuries were caused by negligence of my part or the released party, or any other party under or affiliated with the above named release party.

I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity and if required will obtain a medical examination and clearance. I agree to be added to the Northside Boxing database and understand that I can unsubscribe from our mailing list after first contact.

Social Media Policy

I grant permission to Northside Boxing, to post my and/or my child’s story, photo, or other item, herein after referred to as “Materials “on Northside Boxing website and social media platforms. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said “Materials”, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the “Materials” or any rights therein.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I HAVE READ THE SEPARATE TERMS AND CONDITIONS FORM AND UNDERSTAND I CAN ACCESS A COPY FROM THE NORTHSIDE BOXING WEBSITE AT MY LEISURE OR OBTAIN A COPY ON REQUEST. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAIVER AND RELEASE I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS WAIVER FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW. I AM 18 YEARS OF AGE OR OLDER AND MENTALLY COMPETENT TO ENTER/GRANT THIS WAIVER.

Signature: _____

Print Name: _____

Guardian: _____

Signature: _____

Date: _____