

WAIVER / RELEASE FORM

By signing below, you agree that training and exercise, and especially Boxing Fitness, are strenuous in nature and therefore potentially dangerous. You, the Client/Member, are aware that you are engaging in physical exercise and that the use of equipment, training, and instruction could cause injury. You are voluntarily participating in these activities and assume all risks of injury that may result. You to waive any and all claims or rights you may otherwise have to sue or otherwise bring action against _____ Or any agent, employees or instructors, or _____, for injury to you as a result of these activities. You further agree that you have consulted your physician prior to beginning this exercise program and have been cleared by your physician to participate.

Signed: _____ **Date:** _____

UNIQUE FITNESS BOXING
Contact Sheet

Name:
Address:
City/State/Zip:
Phone (H):
Email:
Start Date:
Age:
Emergency Contact
Name:
Phone:
Alternate Phone:
Relationship to You:

How did you hear about us?

Please suggest three people who might also benefit from Unique Boxing Fitness:

Name	Contact
1.	
2.	
3.	