PARTICIPANT INFORMATION

Full Legal Name:

Date of Birth: **Age:** **Member #:**

Address:

City: **State:** **ZIP:**

Phone: **Email:**

1. IMPORTANT NOTICE - ASSUMPTION OF RISK

Boxing, sparring, strength and conditioning, fitness training, and related athletic activities are physically demanding and may result in serious injury, permanent disability, or death. By signing this Agreement, I voluntarily participate and accept the inherent and other risks associated with these activities.

2. ACTIVITIES AND RISKS

Activities may include boxing instruction, heavy-bag and speed-bag work, mitt and pad work, shadowboxing, partner drills, sparring, controlled contact, cardiovascular exercise, resistance and weight training, plyometrics, circuit training, running, mobility work, camps, clinics, competitions, exhibitions, and use of the boxing ring and gym equipment. Risks include cuts, bruises, sprains, strains, fractures, dislocations, dental and eye injuries, concussions, traumatic brain injuries, neurological or internal injury, heat illness, cardiac events, paralysis, permanent disability, and death. Injuries may result from my own actions, the actions of others, contact inherent in boxing, equipment, facility conditions, or other known or unknown circumstances.

I KNOWINGLY AND VOLUNTARILY ACCEPT AND ASSUME THESE RISKS TO THE FULLEST EXTENT PERMITTED BY LAW.

3. RELEASE OF LIABILITY AND COVENANT NOT TO SUE

In consideration for being permitted to enter, train at, participate in, attend, observe, or use the facilities, programs, services, activities, or equipment of Magic City Boxing Athletic Club, Inc. ("MCB"), I RELEASE, WAIVE, AND DISCHARGE MCB and its owners, directors, officers, employees, coaches, trainers, independent contractors, volunteers, agents, affiliates, sponsors, landlords, property owners, event partners, and participating organizations from claims, demands, causes of action, damages, losses, liabilities, or expenses arising from or related to my participation or presence, including claims based on ordinary negligence, to the fullest extent permitted by Florida law. I further agree not to sue for claims covered by this Agreement. This Agreement does not release claims that cannot lawfully be waived.

4. HEALTH, MEDICAL TREATMENT, EQUIPMENT & CONDUCT

I represent that I am physically capable of participating and will disclose any condition or limitation that could affect safe participation. I authorize reasonable first aid, CPR/AED use, emergency medical services, and transportation when reasonably necessary and accept financial responsibility for resulting medical costs. I will follow gym rules, coaching directions, and equipment requirements. Unauthorized sparring, reckless conduct, bullying, threats, harassment, or fighting outside supervised boxing activities may result in immediate removal or suspension. MCB may require medical clearance before return to training.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MAGIC CITY BOXING ATHLETIC CLUB, INC. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MAGIC CITY BOXING ATHLETIC CLUB, INC. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MAGIC CITY BOXING ATHLETIC CLUB, INC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

5. MINOR PARTICIPANT / NATURAL GUARDIAN ACKNOWLEDGMENT

For a participant under 18, the undersigned natural guardian voluntarily permits the minor to participate in MCB activities and acknowledges the inherent risks of boxing and athletic training. This minor release applies only to the extent permitted by Florida law, including inherent risks of the activity. The guardian represents that he or she has legal authority to sign.

Minor Name:

Minor DOB: **Age:**

Guardian Name:

Relationship: **Phone:**

6. GUARDIAN ACKNOWLEDGMENT & SIGNATURE

I HAVE READ THE NOTICE ABOVE COMPLETELY AND CAREFULLY. I understand that I may refuse to sign and that MCB may refuse to allow my minor child to participate if I do not sign. I voluntarily authorize my minor child's participation subject to the terms of this Agreement.

Printed Name:

Signature:

Date: **Guardian Initials:**

7. CONCUSSION, HEAD INJURY & SPARRING SAFETY

Boxing and related contact activities can involve head impacts and possible concussion or traumatic brain injury. Symptoms may include headache, dizziness, confusion, memory problems, nausea, visual or balance problems, sensitivity to light or sound, mood changes, or loss of consciousness. I will immediately report suspected symptoms. MCB may remove a participant from training, sparring, or competition and may require medical clearance before return.

8. SPARRING / CONTACT TRAINING AUTHORIZATION

This section applies only if the participant is approved for sparring, competition preparation, or contact drills. Boxing is a combat sport in which punches may be intentionally delivered to permitted areas of the body and head. Protective equipment can reduce some risks but cannot eliminate the possibility of injury, concussion, traumatic brain injury, permanent disability, or death.

I REQUEST AND VOLUNTARILY CONSENT to sparring/contact training when approved and supervised by MCB.

I DO NOT CONSENT to sparring/contact training at this time.

9. SPARRING CONDITIONS

Sparring is not automatic with gym membership and may occur only with coach authorization and supervision. I will follow all instructions concerning intensity, partners, rounds, equipment, and stoppage. MCB may stop or prohibit sparring at any time for safety, conduct, skill level, medical concerns, fatigue, equipment, or other reasons. Required equipment may include properly fitted gloves, hand wraps, mouthguard, headgear where applicable, and groin/chest protection as appropriate.

10. PHOTO / VIDEO / MEDIA CONSENT

YES - I authorize identifiable photo/video use for MCB promotion, education, fundraising, website and social media.

NO - I do not authorize intentional promotional use of identifiable images/video.

11. EMERGENCY CONTACT

Name:

Relationship: **Phone:**

12. ADULT PARTICIPANT ACKNOWLEDGMENT & SIGNATURE

I HAVE READ THIS AGREEMENT CAREFULLY. I understand that it contains an assumption of risk, release of liability, covenant not to sue, emergency medical authorization, and other legal terms. I have had the opportunity to ask questions and I am signing voluntarily.

Printed Name:

Signature:

Date: **Participant Initials:**

13. STAFF USE

Program / Membership: Staff Initials:

Date Received: Coach approving sparring:

INTERNAL NOTE:

Keep this signed packet with the participant's membership record. A signed general waiver does not, by itself, constitute coach approval for sparring.