

Are you an out of town guest? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Check one)

**PARTICIPANT RELEASE AND WAIVER**

I certify that I am in good physical health and have no history of chronic medical conditions that would prevent me from participating in boxing and/or fitness training.

I, \_\_\_\_\_, by signing below, intend to release Portland City Boxing, its employees, and its agents and affiliates (PCB) from any and all claims, including but not limited to, claims based upon negligence for damage or injury to myself or others named on this release during my participation in all training activities with PCB. By signing below, I acknowledge that I have been advised that PCB training is comprised of intense aerobic and anaerobic activity. By signing below, I acknowledge that I have been advised that PCB training involves boxing training, which involves rigorous physical contact including but not limited to, sparring, heavy bag work, sparring with pads, speed bag work, double bag work, jump rope, medicine ball workouts, and intense mobility workouts. All of the PCB training requires significant physical exertion and I understand and have been advised that I need to confirm with my medical professional then I am capable of performing the training exercises. I further acknowledge with my participation in the PCB training above, that I am aware of no physical limitations that would impair or limit my ability to participate in the PCB training. With my informed understanding of all the elements of the PCB training, I knowingly agree to the release and waive any claim that I may have against PCB. Having reviewed and then instructed on the various PCB training activities, I hereby confirm that I am aware of the risk associated with all of these activities and still agree to release and waiver any and all claims that I may have whether known or unknown against PCB.

I fully comprehend the possible risk of personal injury and property damage due to participation in the training activities with PCB and hereby agree to assume such risk. I fully comprehend that PCB would not provide train to me without my informed consent to release PCB from all liability associated with its training activities, as further evidence with my signature below. I further acknowledge that if any provisions of this participant release and waiver are held to be invalid and unenforceable, all the remaining provisions shall nevertheless continue in full force and effect.

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

**TELL US A LITTLE ABOUT YOU AND HOW WE CAN HELP**

What brought you in today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is the hours and club convenient for you? \_\_\_\_\_

Are you interested in Private Coaching? \_\_\_\_\_

If you perceive PCB as a good fit and willing to accept our support in your goals will you make a commitment today? \_\_\_\_\_

**\*ALL COLUMNS MUST BE COMPLETELY FILLED OUT AND LEGIBLE BY STAFF FOR ENTRY.**