



Special Needs Charitable Organization

Full Name: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please inform us of any injuries, behaviours or medical alerts? \_\_\_\_\_

ACTIVITY DESCRIPTION This program "Fierce N Fit Boxing" offers boxing training and classes, group fitness instruction and individualized fitness training to members and clients.

ACKNOWLEDGEMENT OF RISK I am aware that there are certain risks include, but are not limited to the following, injury to any internal organs, injury to any bones, joints, ligaments, muscles, tendons, other components of muscular and skeletal systems. Accordingly, I shall be solely responsible, upon entering training to ensure that I use the equipment in a safe manner without risk of injury to myself or other users.

I am waiving the right to bring a lawsuit, to recover compensation, or to obtain any other remedy for any injury or death, damage to or loss of property, or accident of any kind arising out of my membership with Fierce N Fit Boxing.

RELEASE I do hereby release Fierce N Fit Boxing together with its respective successors, directors, representatives, agents, employees, volunteers or contractors (collectively the "Released Parties") from and against all claims, demands, damages, actions or causes of action, costs or expenses of any nature or kind.

I give permission for the use, publication and other display, including advertisements for promotional purposes, of photos, videos and other recordings taken of me while I am a member of Fierce N Fit Boxing or present on the premises. I understand that I will not be compensated in any way for photo, video, or other recording used, published or displayed by Fierce N Fit or others.

I may cancel or change the time of a session provided that a minimum of 12-hours' notice is given. I will be charged for the full cost of the session on any late cancellations or no-show appointments.

As the guardian, I agree to the following before enrolling the athlete:

- 1. The athlete should be fully independent for activities of daily living and self-care
2. The Fierce n Fit Boxing Program will not be responsible for athletes who leave the premises unannounced
3. The athletes need to be dropped off and picked up promptly at allotted class times
4. There will be zero tolerance for bullying among members
5. I have filled out an updated ParQ

I acknowledge having read, understood and agreed to this Acknowledgement of Risk, Indemnification and Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

