



Name of Participant (“Participant”): _____

Emergency Cell#: _____ E-mail: _____

Participant Age: _____

Do you have any health reasons that would prevent you from exercising safely? Y / N

Program Location: TITLE Boxing Dayton OH

Waiver and Release of Liability

Down to Box urges Participant to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at Participant’s sole risk. Participant understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be Participant’s entire responsibility, and Down to Box and its related affiliates shall not be liable to Participant for any claims, demands, injuries, damages, or actions arising due to injury to Participant’s person or property arising out of or in connection with the use by Participant of the services, facilities, and premises of the club or gym or Down to Box. Participant hereby agrees to indemnify and hold Down to Box, its officers, owners, agents and employees harmless from all such claims, demands, or actions which may be brought against them by Participant or on Participant’s behalf or by any other party as a result of any such injuries or damages. The Participant also holds harmless Down to Box and its related affiliates in the event that any virus or disease is contracted during the time of their participation.

I grant Down to Box, Inc. the right to take photographs of me. I authorize Down to Box, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Down to Box, Inc. may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing below I have read, understand, and agree to the foregoing, for myself and/or on behalf of my minor child(ren):

Signature (Parent/Guardian if applicable): _____

Date: _____