



Waiver Form

Please complete and sign before your first class. Client's who have not completed the form will not be permitted to train with Gymni Boxing.

Name _____ Date: _____

Address _____ City, State _____ Zip _____

Cell # _____ (email) _____

Gender _____ Age _____ Date of Birth _____ Height _____ Current Weight _____

Emergency Contact Person _____ Phone # _____

PERSONAL HISTORY

Do you ever have any injuries, difficulties or problems during a high intensity exercise? _____ If so, please

Specify _____.

INJURIES

Please list any injuries that may prevent you in performing physical activity:

List: _____.

TRAINING INTEREST AND GOALS

What goals do you have? _____

Gymni Boxing Waiver Form

WAIVER/RELEASE AGREEMENT

Understand that there are risks and dangers inherent in participating and/or receiving instruction in (Personal Training, Women's Kickboxing, Thai Boxing, Boxing and Aerobics Classes) hereinafter "Activity". I also understand that in order to be allowed to participate and/or receive instruction in Activity; I must give up my rights to hold Gymni Boxing instructors liable for any injury or damage which I may suffer while participating and/or receiving instruction in Activity. Knowing this, and in consideration of being permitted to participate and/or receive instruction in Activity, I hereby voluntarily release Gymni Boxing instructors from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Activity. As participant in a program or activity Top Notch Fitness (or as a parent or guardian of a participant), I hereby Top Notch permission to use my or my child image, video form, or voice photograph, video tapes, internet website or other materials prepared or released by Top Notch from time to time, for promotional, safety or instructional purposes. I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, instructors, participants and property owners of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in Activity with the Gymni Boxing instructors, its officers, property owners or instructors. I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others. I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian for said children. I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Gymni Boxing instructors, its officers, instructors, property owners or active participants harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in Activity. I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document of my own behalf. I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Activity.

Print Name: _____
Participant / Member **Date of Birth**

Signature: _____

Parent/Guardian Release:
I am the parent or legal guardian of the minor

_____,
and I am signing this Waiver/Release on behalf of said minor.

Print Name of Parent: _____

Signature of Parent: _____ **Date:** _____