



Hinton Boxing Club
109 Athabasca Ave
Hinton, AB T7V 2A4

CLIENT INFORMATION

Date: _____

Name: _____ Phone: _____

Email: _____

- YES! I have joined the HINTON BOXING CLUB Facebook page.
- YES! I want to be added the Email mailing list

Our Disclaimer to you:

The HINTON BOXING CLUB (it's coaches, trainers and staff) will not use or share any of the personal information you have provided to us for any other purpose than to provide the BEST possible fitness service to you, our valued client and participant. We will NOT disclose or sell and of your personal information to any third parties, because we believe in maintaining and upholding your personal rights to privacy and confidentiality.

WAIVER AND RELEASE OF LIABILITY

In enrolling at the HINTON BOXING CLUB the participant understands that he/she attending the programs and using the HINTON BOXING CLUB and the facilities does so at his/her own risk. The HINTON BOXING CLUB and its Board members, coaches or agents shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by the participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages that occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless HINTON BOXING CLUB all associated facilities and it Board members, coaches volunteers and agents from any claims, demands, damages or rights of action, present or future resulting from any persons participation in any programs or use of the facility. I the participant herby waive the right to sue. In addition, he/she agrees to follow the rules of conduct set by the HINTON BOXING CLUB. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do herby grant authority to the staff at the HINTON BOXING CLUB to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do herby authorize the HINTON BOXING CLUB and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship of me, as they deem appropriate in its promotional material.

I the participant, have been informed, understand and am aware that strength, flexibility and aerobic exercise, including the use of the equipment; are potentially hazardous activities. I also have been informed, understand and am aware that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved.

NAME OF PARTICIPANT (PLEASE PRINT)

SIGNATURE OF PARTICIPANT

PARENT/GAURDIAN (IF MINOR) PRINT

SIGNATURE OF PARENT/GAURDIAN

NAME OF WITNESS (PRINT)

SIGNATURE OF WITNESS

DATE SIGNED