

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM (BY A MINOR)

PLEASE READ THIS DOCUMENT CAREFULLY

Initials

I, _____, _____,
[Print Name] [Apt. and Street]
_____, _____, _____, _____
[City] [Province/State] [Postal/Zip Code] [Birth Date: dd/mm/yy]

hereby acknowledge and agree that:

- **BOXING** may be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of boxing and fitness itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging the boxing;
- As a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- Some of the aforesaid risks and hazards are foreseeable, but others are not;
- I nevertheless **FREELY AND VOLUNTARILY ASSUME ALL THE AFORESAID RISKS AND HAZARDS**, and that, accordingly, my preparation for, and participation in **boxing and fitness** **SHALL BE ENTIRELY AT MY OWN RISK**;
- I understand that neither Humble Boxing Academy nor any of its directors, officers, employees, sponsors, independent contractors, members, players or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in Boxing and fitness;
- I have carefully read this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, fully understand same, and acknowledge that I am freely and voluntarily executing this Form;
- I have been given the opportunity and have been encouraged to seek legal and parental advice prior to signing this Form;
- I clearly understand that **Humble Boxing Academy** would not permit me to participate in **Boxing and fitness** unless I signed this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, and that this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM** applies to the **Boxing and fitness** and that the terms of this Form and have

been explained to me by **Humble Boxing Academy** or one or more of their representatives and my parents; and

- I am physically capable of participating in **Boxing and Fitness** and that I have no pre-existing conditions that would hinder my ability to participate in **Boxing and/or Fitness**.

Parent and/or legal guardian (Please print)

Parent and/or legal guardian Signature

Minor's Full Name (Please print)

Minor Signature

Witness Name (Please print)

Witness Signature

Date