



# Northside Boxing Club Membership Form | Waiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Member Type:**

- Youth (9-21 years old)
- Adult (22+ years old)\*

For **adult memberships**, we kindly request a \$30/month recurring membership donation to help with facility upkeep and staff development. You can set up your recurring membership donations here: <https://northsideboxing.org/donate/>

**Fighter status:**

- Beginner
- Amateur Boxer
- Pro Boxer
- Coach | Trainer

**Boxing Association Membership: (circle all that apply)**

- Golden Gloves
- USA Boxing

School you currently attend (if under 18 years old): \_\_\_\_\_

**Relevant Medical Issues: (please check all that apply)**

- Asthma
- Diabetes
- Seizures
- Allergy - Bee Stings
- Allergy - Nuts
- Allergies - Other \_\_\_\_\_

Please list any other medical issues the trainers, coaches and volunteers should be aware of:

\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone #: \_\_\_\_\_

*\*must be over 18 years old.*

Relationship to Member: \_\_\_\_\_

**Agreement, Waiver, Release of Negligence Liability**

I, the participant or parent/guardian of the above named participant, a minor, agree to abide by the rules of the Northside Boxing Club and all other affiliated organizations. I, the participant or parent/guardian of the above named participant, a minor, agree to the following individually and on behalf of the participant: I agree that this program involves a recreational activity, it is done at our own risk, and I assume the risk of any and all injury and/or damage while engaging in said recreational activity. My assumption of risk includes, without limitation, injuries from training, competition, uneven or irregular playing surfaces, injuries from contact with equipment or from equipment failures, injuring from physical contact with other players or injuries incurred while performing the physical activities inherent in participation in this activity. I agree to release and discharge the released parties from any and all claims or causes of action (known and unknown) arising out of the negligence of the released parties, whether active or passive. This waiver and release of liability includes, without limitation, injuries which occur as a result of negligence from (a) use of any equipment, facilities or premises which may malfunction or break, (b) negligent maintenance of any equipment or facilities, (c) negligent instruction or supervision, and (d) slipping and falling for any reason, including negligent inspection or maintenance of the facility or premises.

By execution of this agreement I hereby agree to indemnify and hold harmless the released parties from any loss, liability, damage or cost the released parties may incur due to participation in this program. I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by law in the State of Minnesota and the United States and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST THE RELEASED PARTIES FOR THEIR NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ENCOUNTERED DURING PARTICIPATION. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

**Consent for Medical Treatment**

As the participant or parent/legal guardian of a participant in Northside Boxing Club, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the participant.

**Photo Release Acknowledgement**

I hereby authorize Northside Boxing Club to publish photographs taken of me, and my name, and likeness, for use in Northside Boxing Club’s print, online and video-based marketing materials, as well as other publications. I hereby release and hold harmless Northside Boxing Club from any reasonable expectation of privacy or confidentiality for myself and/or any minor child and/or children listed above associated with the images specified above. I further acknowledge that participation is voluntary and that neither I and/or the minor child or children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Northside Boxing Club’s marketing materials or other publications.

I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Northside Boxing Club, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation and/or the minor children listed above.

I have read the above agreement.

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

- Signee must be a parent or guardian for youth member. Signee must be self for adult member.

Full Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_