

Post 26 Big Horn Basin Boxing Club

143 S. Clark

Powell, WY 82435

505-385-5623

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender: Male Female

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Contact Number: _____

Health Information:

Please list all allergies, special medical conditions, or other areas of concern:

Terms and Conditions:

I have read and agree to the terms and conditions set forth by Post 26 Big Horn Basin Boxing Club.

Signature: _____

Date: _____

Boxing/Fitness Waiver/Release Form

For and in consideration of **Post 26 Big Horn Basin Boxing Club and American Legion Post 26**, permitting the participant to enroll and participate in a boxing/fitness training class(es). Participant, by signing below, voluntarily releases from liability, indemnifies, and holds harmless Post 26 Big Horn Basin Boxing Club, American Legion Post 26, and its owners, officers, directors, volunteers, affiliates and advisors, and the facilities (collectively, "Post 26 Big Horn Basin Boxing Club") from and for any accident, injury, illness, death, loss, damage to person or property or other consequences suffered by Participant or any other person arising or resulting directly or indirectly from Participant's participation in the boxing/fitness training class(es). In the event that the Participant is injured, Participant agrees to assume any financial obligation, either through Participant's personal health insurance, or through some other means, for any medical costs which Participant incurs. Post 26 Big Horn Basin Boxing Club and American Legion Post 26 assume no responsibility for any medical expenses, injury, or damage suffered by the Participant in connection with the use of the facilities, equipment, or services in connection with the boxing/fitness training class(es).

IT IS THE INTENTION OF PARTICIPANT BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON HIM/HERSELF, TO THE EXCLUSION OF Post 26 Big Horn Basin Boxing Club, and American Legion Post 26 AND TO EXEMPT AND RELIEVE Post 26 Big Horn Basin Boxing Club and American Legion Post 26 FROM LIABILITY FOR ANY & ALL PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

Participant further agrees that Participant, his/her spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue, or attach Post 26 Big Horn Basin Boxing Club and American Legion Post 26 for any loss or damage resulting from Participant's participation in the boxing/fitness training class(es) or use of the facilities, equipment or services.

PARTICIPANT IS AWARE THAT HE OR THEY WILL BE ENGAGING IN A RANGE OF ACTIVITIES INCLUDING, BUT NOT LIMITED TO, JUMPING, STRETCHING, TURNING, LIFTING, PUNCHING, AND TWISTING. ()
PARTICIPANT IS AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN BOXING/FITNESS ACTIVITIES, WHICH INCLUDE BUT ARE NOT LIMITED TO STRAINS, SPRAINS, TEARS, AND BROKEN BONES. (_____)

PARTICIPANT AGREES THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF THE PARTICIPANT'S LEGAL RIGHT TO COLLECT DAMAGES IN THE EVENT OF INJURY, DEATH OR PROPERTY DAMAGE AND A CONTRACT BETWEEN PARTICIPANT AND Post 26 Big Horn Basin Boxing Club AND PARTICIPANT SIGNS IT OF HIS/HER OWN FREE WILL (_____)

Print Name of Participant: _____

Age of Participant: _____

Participant's Signature: _____

If Participant is under 18, Signature of parent or legal guardian: _____

Date: _____

Post 26 Big Horn Basin Boxing Club

**143 S. Clark
Powell, WY 82435
505-385-5623**

Photo Release and Consent Form

First Name: _____

Last Name: _____

Acknowledgements:

- I grant permission for the organization named above to use photographs of me for any of the following purposes: websites or social media accounts, advertisements, promotional publications, articles, other marketing materials, and internal publications.
- I understand that the photographs used online may freely be shared by anyone who has access to internet connectivity and may be published to a local press or media.
- I can withdraw the consent I have given at any time. However, I understand that any images already published may not be able to be fully removed from existing materials.
- I confirm that I am of legal age to give my consent.

I consent to the use of my photographs or video given the acknowledgments above:

I Consent: []

I do not consent: []

Signature: _____ **Date:** _____

Printed Name: _____

Parent Signature if under the age of 18:

_____ **Date:** _____