

# El Fuego Boxing Club

## Liability Waiver & Release of Claims

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Acknowledgment of Risks

I acknowledge and agree that participation in boxing, fitness training, sparring, and related activities at El Fuego Boxing Club involves inherent risks, including but not limited to: falls, collisions, overexertion, sprains, strains, fractures, head injuries, concussions, and other serious injuries or even death. I understand that these risks may be caused by my own actions, the actions of others, the facilities, equipment, or training methods. I voluntarily choose to participate, fully aware of the risks involved.

### Assumption of Risk

I knowingly and freely assume all risks, both known and unknown, associated with participation in activities at El Fuego Boxing Club.

### Release of Liability

In consideration for being allowed to participate in activities at El Fuego Boxing Club, I hereby release, waive, and discharge El Fuego Boxing Club, its owners, coaches, trainers, employees, volunteers, and agents from any and all claims, demands, or causes of action arising out of my participation, including claims of negligence.

### Medical Consent

In the event of an injury or medical emergency, I authorize El Fuego Boxing Club staff to obtain emergency medical treatment on my behalf and I accept full financial responsibility for any costs incurred.

### Fitness to Participate

I affirm that I am physically fit to participate in boxing and related activities. I have disclosed any relevant medical conditions to El Fuego Boxing Club staff. I will not participate under the influence of drugs, alcohol, or medications that could impair my ability.

### Photography & Media Release (Optional)

I grant permission for El Fuego Boxing Club to use photographs, videos, or recordings of me for promotional or educational purposes without compensation.  Yes  No

## Minor Participants

If the participant is under 18 years old, this waiver must be signed by a parent or legal guardian.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_