

Corcoran's Boxing Club & Fitness Centre

Full Name:

Minors Name:

Birthday:

Contact info (email and phone):

Emergency contact:

Address:

Type of program: Small group ___ Personal training___ Team training

Boxing program___ Other_____

Frequency (how many times per week):

Days and times (requested or confirmed)

I have read and agree to Corcorans Boxing Clubs Terms & Conditions outlined here: <https://www.corcoransboxingandfitness.com/club-policies-terms-conditions>

I have read and agree to Boxing Ontario's Concussion code of conduct <https://boxingontario.com/athletes/concussion-code-of-conduct/>>

I have been cleared by a medical professional for safe exercise and I will notify club of any health issues/injuries

Please list: _____

I will notify club of any accommodations that I may need.

I hereby release and hold harmless the club, its agents , officers , employees and any affiliated companies from any liability with respect to any injury of any kind suffered by me or to my property arising out of or in any way connected with my , or my childrens participation in any boxing, fitness or obstacle course from this date forward.

I understand my risks associated with covid-19. I assume the risks associated and hereby release Corcoran's Boxing Club & Fitness Centre , its owners, agents,franchises,franchisors, employees/volunteers from any liabilities should participant come in contact of any form with Covid-19.

Name:

Signature:

Date: