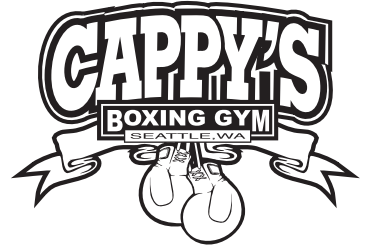


# Information Sheet

1408 22nd • Seattle, WA 98122 • 206.322.6410

[www.cappysgym.com](http://www.cappysgym.com)



(please print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_



How did you hear about Cappy's Boxing Gym? \_\_\_\_\_

Do you exercise regularly? \_\_\_\_\_ Please describe: \_\_\_\_\_

Are you under the care of a doctor or other practitioner? \_\_\_\_\_

Explain why: \_\_\_\_\_

Have you ever dislocated a joint? \_\_\_\_\_ Which one? \_\_\_\_\_

Are there any medical conditions or physical limitations you have that we should know about?

\_\_\_\_\_  
\_\_\_\_\_



## PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

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

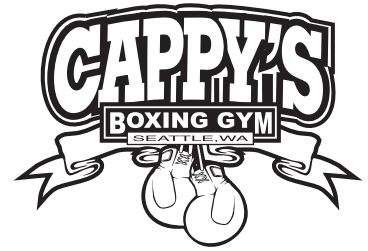
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

# Waiver, Indemnification and Release of Liability

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In consideration of being allowed to participate in any way in boxing fitness classes, boxing lessons, private sessions and related clubs, events and activities, the undersigned, for himself/herself, his/her personal representative, heirs, next of kin.

1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of injury which might result not only from his/her own action, inaction or negligence, but also the action, inaction or negligence of others, the rules of play or the condition on the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assumes all the foregoing risks and accepts personal responsibility for any and all loss, liability, damages or cost following such injury.
3. Releases, waives, discharges and covenants not to sue Cappy's Boxing Gym, it's affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or agents of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises, all of which are hereinafter referred to as "releasees," from any and all claims, liability, demands, losses or damages on account of injury, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.

**THE UNDERSIGNED HAS READ THE ABOVE WAIVER, INDEMNIFICATION AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.**

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date



## Minor Release

And I, the minor's parent and/or legal guardian, understand the nature of boxing and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account alleged to be caused or in whole or in part by the negligence of the "Releasees" or otherwise; and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any of the Releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as the result of such claim.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Parent/Guardian signature (only if participant is under the age of 18)

\_\_\_\_\_  
Date