



Release and Hold Harmless Agreement

Medical Conditions:

I, the undersigned participant, request voluntary participation for myself to participate in the Casper Boxing Club activities which includes the physical instruction in the sport of Boxing which I understand to be physical in nature where I expect to be punched or struck by other participants, hereinafter referred as the "activity". I consent to participation in the activity and acknowledge that I fully understand my participation does involve risk of serious injury or death, including losses which may result not only from own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or of the rules pertaining to this type of event or activity. I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required. I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from the Casper Boxing Club and the officers, employees, agents of each of them and consent to use the photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with participation in the activity. I agree I am financially responsible for any losses resulting from my action and will indemnify the Casper Boxing Club and its officers, directors, employees, and agents for any loss or damage caused by myself during this activity. In consideration of my participation in the activity, I hereby waive all claims of action against the Casper Boxing Club its officers, directors, employees, and agents, arising out of my participation against the activity and hereby release, hold harmless, and discharge the Casper Boxing Club and its officers, directors, employees, and agents from all liability in connection therewith except such loss or damage which was caused by the sole gross negligence or willful misconduct of the Casper Boxing Club and its officers, employees, representatives, and volunteers, and the officers, directors, employees and agents. I have read this release and hold harmless agreement and understand the terms in it and their legal significance. This waiver and release is freely and voluntary given with the understanding that right to legal recourse against the Casper Boxing Club and its officers, directors, employees, and agents is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. I have carefully read this Release of Liability. I fully understand its contents. I am aware that this is a RELEASE OF LIABILITY. I sign it of my own free will.

Participants Signature	Date
Participant Name / Print	Phone Number
Address City/State/Zip	
Date of Birth:	Email:
Emergency Contact:	Phone Number: ()