



Morrison Boxing Club is a 501c3 Non-Profit Arkansas Corporation registered with and fully sanctioned by the National Governing Body of Amateur Boxing in the USA as a competitive boxing training facility. Our coaches are USA Boxing members, trained and certified as boxing coaches by USA Boxing and have passed a Sexual Abuse and Molestation background check administered by USA Boxing Inc. We train boxers to compete locally and nationally at all levels.

WAIVER & RELEASE FORM

(Please type or use block lettering to print all information except signatures.)

Participant's Name _____ **Birth date** ____/____/____

Parent's Name _____ (If participant is less than 18 years old)

Home Phone # _____ **Cell Phone #** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Emergency Contact

Name _____ **Relationship** _____ **Phone** _____

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

In consideration of Morrison Boxing Club accepting myself or my child into participation and/or training in boxing, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in boxing classes, programs, lessons, meets, open gyms, field trips or any other activities connected with Morrison Boxing Club.

I give my permission to Morrison Boxing Club and/or the appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures judged as necessary for the care and protection of me or my child while under the supervision of Morrison Boxing Club.

In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached. Further, I hereby release and agree to hold harmless and to indemnify Morrison Boxing Club employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family. Speaking for myself or as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at Morrison Boxing Club. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND RELEASE, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

If participant is less than 18 years of age

Email address _____

(Morrison Boxing Club will neither sell nor share your email address. It will be used for communication purposes only)

Please tell us where you heard about Morrison Boxing.

MEDICAL HISTORY:

Do you now or have you had in the past had:	Yes	No
History of concussion or other head injury?		
History of heart problems, chest pain or stroke?		
Increased Blood Pressure?		
Recent Surgery (past 12 months)?		
Pregnancy (now or within the last 3 months) or lactating?		
Diabetes or Thyroid Condition?		
Increased Blood Cholesterol?		
Use of tobacco products or alcohol?		
Hernia or any torn or severely pulled muscles?		
Muscle, joint or back disorder, or any previous injury still affecting you?		
Asthma or any other breathing difficulties?		
Other?		

Please provide details about any of the above items marked **Yes** and include a list of all medications, vitamins and supplement you are currently taking.

Morrison Boxing Club maintains a positive, supportive environment where everyone, regardless of skill level is encouraged to perform at their highest. We are a Boxing family and everyone, coaches and athletes alike is expected to help their fellow gym members achieve their personal goals, whatever they are.

Training Requirements

- Participants must be suitably attired during training; i.e. shorts or sweats and a Tee shirt or other appropriate athletic wear
- Participants must remove all jewelry; i.e. ear rings, nose rings or other decorative piercings, necklaces, bracelets, watches etc.
- Visitors who wish to train must sign this waiver and provide all medical information.
- Visitors must pay a Ten dollar (\$10.00) daily fee unless they are part of another club participating in a joint training session or are participating in our three day free introduction to boxing program.

Sparing Requirements

- **Age Limitations:** Participants must be at least eight (8) years old
- **USA Boxing Membership:** All amateur participants must be currently registered members of USA Boxing
- **Amateur status:** Professional boxers may not spar with amateur athletes
- **Protective equipment:**
 - Each participant must have and wear a form fitted mouth piece
 - Each participant must have and wear at least 16 oz. training gloves in order to spar.
 - Participants with orthodontic work (braces) must have a letter from their Orthodontist authorizing them to participate in boxing
 - Headgear must be worn during any contact training or sparing

I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at Morrison Boxing Club.

Failure to comply with these requirements is grounds for dismissal.

Participant /Parent/Guardian Signature _____ **Date** _____
(Parent/Guardian signature required if participant is less than 18 years old)