

Undisputed Boxing Gym  
883 E. San Carlos Ave  
San Carlos, CA 94070  
650-631-3781

**For Office Use Only:**

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# Undisputed Boxing Sign Up

**Please fill out this form and bring with you to receive your FREE WEEK TRIAL.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Info:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**FREE WEEK POLICY: 1 Free Week (7 Consecutive Days) Per Person Per Life-Time**

How Did You Hear About Us? : (check all that apply)

- Flyer       Walk-in/Drive By       Referral: \_\_\_\_\_  
 Facebook       Website       Other: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
(please print)

## UNDISPUTED BOXING

### Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in any and all activities at UNDISPUTED BOXING, hereafter called: "The Activity," I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive discharge and covenant not to sue UNDISPUTED BOXING, its officers, employees and agents from liability from any and all claims including the negligence of UNDISPUTED BOXING, its officers, employees, and agents,** resulting in personal injury, accidents, or illnesses (including death), and property loss arising from , but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of Participant      Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) majors injuries such as eye injury or loss of sight, joint and back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to **indemnify and hold UNDISPUTED BOXING harmless** from any and all claims, actions, suits, procedures, costs expenses, damages and liabilities, including, but not limited, to attorney's fee brought as a result of my involvement in The Activity and to reimburse them for such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumptions of the risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waive of liability, assumption of risk, and indemnity agreement, fully **understand its terms, and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date  
Participant's Age (if minor)

\_\_\_\_\_  
Signature of Participant      Date