



**City of Woodland
Community Services Department
Boxing Program**

Registration Form

Name of participant: _____ Age _____

Date of Birth: _____ Male Female

Address: _____
City/State _____ Zip _____

Day Phone #: _____ Evening Phone #: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Email _____

Day Phone #: _____ Evening Phone #: _____

ALLERGIES: (for example, bee stings, violent reactions to certain plants, medicine, and other)

The boxing program provides a variety of physical activities for ages 10 to adult. Participants have an opportunity to train or work out for physical fitness. The program includes, but not limited to working out with heavy punching bags, speed bags, sparring, jump rope, sit ups, push ups, jogging and shadow boxing. Some hazards associated with these activities include, but not limited to, personal injuries such as swollen hands, swollen eyes, bruised ribs, pulled muscles, broken nose, and concussions.

Waiver of Liability, Medical Release, and Indemnification Agreement for Minor and Adult Participant

In consideration for myself and my minor child(ren) being permitted by the said City to participate in the above listed activity each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage me or my minor child(ren) may sustain or which may occur as a result of me or my minor child(ren)'s participation in said activity. I understand and agree that:

1. This release is intended to discharge in advance the said City (its officers, employees, agents, or partners) from and against any and all liability arising out of or connected in any way with the participation of me or my minor child(ren) in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (or its officers, employees, agents or partners).
2. Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity;
3. That serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof;
4. Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the said City (its officers, employees, agents, or partners) who through negligence or carelessness might otherwise be liable to me or my minor child(ren). It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned.
5. Each of us further agrees to indemnify and to hold the said City (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage which myself or my minor child(ren) may sustain while participating in said activity.
6. I certify that I have custody or am the legal guardian of said minor by court order.
7. I further agree to reimburse or make good any loss or damage cost that said City (its officers, employees, agents, or partners) may have to pay if any litigation arises on account of any claim made by myself or my minor child(ren) or by anyone on behalf of said minor.
8. I agree that in the event said minor requires medical or surgical treatment while under the supervision of said City's recreation personnel in connection with the described activity, such supervisor may authorize treatment.
9. I agree that in the event said minor requires urgent medical or surgical treatment while under the supervision of City, and the City is unable to reach me to authorize consent, City may authorize treatment. I further agree that City may provide limited non-invasive medical services (including, but not limited to, application of bandages or ice/heat) to said minor without requiring my authorization.
10. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
11. Activities are not child care as defined by the State of California.
12. I give consent to the City Woodland to photograph or videotape me or my minor child(ren). I understand the pictures or video may be included in the promotion of all City programs.
13. I give consent to the City of Woodland to send me text messages. Standard message and data rates apply. Reply **STOP** to stop. Reply **HELP** for help.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DEPARTMENT AND I SIGN IT OF MY OWN FREE WILL.

Name of Participant (print name)

Age

Signature of participant

Date

Signature of Parent/Guardian (if participant is under 18 years)

Date