



www.sheldonboxing.co.za

Consent/Waiver/ Release Form

For and in consideration of Sheldon Schultz Boxing Academy permitting the participant to enroll and participate in boxing, fitness training class(es).

Participant by signing below, voluntarily releases from liability, indemnifies, and holds harmless Sheldon Schultz Boxing Academy and its owners, officers, directors, employees, affiliates and advisors and the facilities (collectively, Sheldon Schultz Boxing Academy") from and for any accident, injury, illness, death, loss, damage to person or property or other consequences suffered by Participant or any other person arising or resulting directly or indirectly from Participant's participation in the boxing/fitness training class(es).

In the event that the Participant is injured, Participant agrees to assume any financial obligation, either through Participant's personal health insurance, or through some other means, for any medical costs which Participant incurs.

Sheldon Schultz Boxing Academy assumes no responsibility for any medical expenses, injury, or damage suffered by Participant in connection with the use of the facilities, equipment or services in connection with the boxing/fitness training class(es).

IT IS THE INTENTION OF PARTICIPANT BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON HIM/HERSELF, TO THE EXCLUSION OF SHELDON SCHULTZ BOXING ACADEMY AND TO EXEMPT AND RELIEVE SHELDON SCHULTZ BOXING ACADEMY FROM LIABILITY FOR ANY & ALL PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

_____ (Initial)

Participant further agrees that Participant, his/her spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach Sheldon Schultz Boxing Academy for any loss or damage resulting from Participant's participation in the boxing/fitness training class(es) or use of the facilities, equipment or services.

Consent for Medical Treatment

As the participant or parent/legal guardian of a participant in Sheldon Schultz Boxing Academy, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the participant.

Photo Release Acknowledgement

I hereby authorize Sheldon Schultz Boxing Academy to publish photographs taken of me, and my name, and likeness, for use in Sheldon Schultz Boxing Academy's print, online and video-based marketing materials, and other publications. I hereby release and hold harmless Sheldon Schultz Boxing Academy from any reasonable expectation of privacy or confidentiality with the images. I further acknowledge that participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Sheldon Schultz Boxing Academy, marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Sheldon Schultz Boxing Academy, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

PARTICIPANT IS AWARE THAT HE OR SHE WILL BE ENGAGING IN A RANGE OF ACTIVITIES INCLUDING, BUT NOT LIMITED TO, JUMPING, STRETCHING, TURNING, LIFTING, PUNCHING AND TWISTING.

PARTICIPANT IS AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN BOXING/FITNESS ACTIVITIES WHICH INCLUDE BUT ARE NOT LIMITED TO STRAINS, SPRAINS, TEARS, AND BROKEN BONES.

PARTICIPANT AGREES THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF THE PARTICIPANT'S LEGAL RIGHT TO COLLECT DAMAGES IN THE EVENT OF INJURY, DEATH OR PROPERTY DAMAGE AND A CONTRACT BETWEEN PARTICIPANT AND SHELDON SCHULTZ BOXING ACADEMY AND PARTICIPANT SIGNS IT OF HIS/HER OWN FREE WILL.

_____ (Initial)

• NOTE: ANY ALTERATION MADE TO THIS INDEMNITY WILL RENDER IT INVALID. THE PARTICIPANT MAY NOT PARTAKE IN THE ACTIVITY/ACTIVITIES DESCRIBED ABOVE WITHOUT THIS COMPLETED, UNALTERED FORM

Full Name of Participant: _____

Age of Participant: _____

ID/Passport Nr: _____

Contact details (Tel) (Email): _____

Emergency Contact Details: _____

Medical Aid Name & Nr: _____

Participant's Signature: _____

Date: _____

If Participant is under 18,

Full Name of Parent/Guardian: _____

Signature of parent or legal guardian: _____

(In accordance with the POPI Act, all information recorded here will remain confidential. Under this act, you have the right to access and correct your personal information held by Sheldon Schultz Boxing Academy. No information will be given to a third party without your consent.)

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT

_____ **(Initial)**