



1480B Scott Street, Ottawa, Ontario K1Y 2N4  
22 Caesar Avenue, Nepean, Ontario K2G 0B2

## The Rig Boxing – Liability Waiver and Release Form

### Assumption of Risk

I, the undersigned participant, acknowledge that participation in fitness training, boxing, sparring, conditioning, and related physical activities at **The Rig Boxing** (the “Studio”) involves inherent risks. These may include, but are not limited to, muscle strain, bruising, cuts, sprains, fractures, head injuries, or other serious injuries that could result in permanent disability or death. I understand that these risks may result from my own actions, the actions or negligence of others, or the conditions of the facilities and equipment. I voluntarily assume all such risks and take full responsibility for my participation.

### Release of Liability

In consideration for being allowed to use the facilities, equipment, and services of **The Rig Boxing**, I hereby release, waive, and discharge **The Rig Boxing**, its owners, trainers, employees, agents, independent contractors, and representatives from any and all liability, claims, demands, or causes of action for injury, loss, or damage, including but not limited to bodily injury, property damage, or death, arising out of or connected with my participation in any activities at or organized by the Studio.

### Medical Authorization

I certify that I am physically fit and have no medical conditions that would prevent safe participation in boxing or fitness activities. I agree to notify the Studio of any changes to my health. In the event of injury or medical emergency, I authorize **The Rig Boxing** staff to obtain medical assistance deemed necessary and agree to be financially responsible for any resulting costs.

### Photography and Media Release

I consent to the use of my image, voice, and likeness in photos or videos taken during classes or events for marketing, promotional, or educational purposes by **The Rig Boxing**, without compensation.

### Rules and Conduct

I agree to follow all posted rules and verbal instructions from staff. I understand that failure to do so may result in suspension or termination of my membership or participation without refund.

### Acknowledgment of Understanding

I have carefully read this waiver and fully understand its terms. I understand that by signing this document, I am giving up substantial legal rights, including the right to sue **The Rig Boxing** for injuries or damages arising from participation. I sign it freely and voluntarily.

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Signatures

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_