



130 Water Street
Brooklyn, NY 11201
Tel. 718-797-2872
Fax. 718-797-2857

info@gleasonsgym.net
www.gleasonsgym.net

WAIVER FORM

In consideration of my involvement at Gleason's Gym "Fantasy Boxing Camp", I acknowledge and agree that:

1. I will be on web cameras and security cameras while I am at Gleason's Gym including my training time.
2. Boxing is a contact sport and there is an inherent risk of injury or even death in boxing. There is always a risk in physical exercise of injury or even death. Boxing and gym equipment, even if properly used, can cause injury or death.
3. I freely and knowingly assume all risk of bodily injury, including paralysis, dismemberment, death, as well as loss of, or damage of, property arising from any activity done by me at Gleason's Gym, Inc.
4. I for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, hold harmless, and waive any and all claims against Gleason's Gym, Inc., its officers, officials, agents, and/or employees with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage which may occur at the premises maintained by Gleason's Gym, Inc.
5. In consideration for my being allowed to participate in boxing activities at Gleason's Gym, Inc., I hereby acknowledge that such activities (and the gathering of people in public generally) include many risks, known and unknown, and that I hereby accept and assume all risks associated with such activity. I further agree to hold Gleason's Gym, Inc., its members, affiliates, agents, directors, employees, volunteers, and other persons associated with Gleason's Gym, Inc. harmless from and release them of any liability whatsoever for any and all claims, demands, damages and causes of action of any nature whatsoever related to my participation in those activities.

PARTICIPANT'S NAME (print) _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ DATE OF BIRTH: _____

E-MAIL: _____

OCCUPATION: _____

CITIZEN OF WHAT COUNTRY: _____ MALE: _____ FEMALE: _____

Signature: _____ DATE SIGNED: _____

NOTES: 1. HOW DID YOU HEAR ABOUT GLEASON'S GYM? _____

2. DO YOU WANT TO BE PART OF GLEASON'S NETWORKING SYSTEM? _____

FOR ATHLETES OF MINORITY AGE (Under age 18 at the time of participation)

This is to certify that as, parent /guardian of the participant, I do consent to his/her release of Gleason's Gym, Inc., from any and all liabilities incident to his/her involvement at Gleason's Gym, Inc.

PARENT/GUARDIAN NAME (print): _____ RELATIONSHIP: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE SIGNED: _____