



BROOKLYN

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

WAIVER FORM

In consideration of my involvement at Gleason's Gym, Inc, annual All Female Clinic and Boxing Show, I acknowledge and agree that:

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.

Therefore, 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.

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.

PARTICIPANT'S NAME (print): _____

PARTICIPANT'S SIGNATURE: _____

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

PHONE: _____ CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____ WORK PHONE: _____

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

DATE OF BIRTH: _____ DATE SIGNED: _____

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

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: _____

"WHERE BOXING IS A TRADITION"