

Name: \_\_\_\_\_

**Southside Knockout Training Center**  
**Waiver of Liability, Assumption of Risk & Indemnity Agreement**

In consideration of being allowed membership in Southside Knockout Training, Inc., the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.

**MEMBERS INITIALS** \_\_\_\_\_

2. I knowingly and freely assume all responsibility for any risk or loss of property damage or personal injury that may be sustained by me, as a result of my activities, use and training at Southside Knockout Training, Inc.

**MEMBERS INITIALS** \_\_\_\_\_

3. I further agree to release and hold harmless Southside Knockout Training, Inc., its employees, owner(s) or assigns, from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in any and all activities, use or training at and/or with Southside Knockout Training, Inc.

**MEMBERS INITIALS** \_\_\_\_\_

4. I willingly agree to comply with Southside Knockout Training, Inc.'s rules and regulations.

**MEMBERS INITIALS** \_\_\_\_\_

5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in Southside Knockout Training, Inc. activities.

**MEMBERS INITIALS** \_\_\_\_\_

6. I understand that a medical examination to assure myself of physical fitness is desirable and that obtaining such an examination is my own responsibility.



**SOUTHSIDE KNOCKOUT TRAINING CENTER**  
**WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent. If under 18 my parent or guardian shall also sign.

**Member**

\_\_\_\_\_  
Print name \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email

**Emergency Contact:**

\_\_\_\_\_  
Name \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

**For Participants of Minority Age (under 18)**

This is to certify that I, as **parent/guardian** with legal responsibility for this participant, do consent and agree to his/her release as provided above and shall abide by all terms and provisions thereof.

\_\_\_\_\_  
Print name \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date