



## Ashley Cupitt Boxing Academy Membership Form

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Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

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

Emergency Contact

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

Do you have any goals you would like to achieve through the Boxing Academy? \_\_\_\_\_

Do any of the following conditions apply to you?

Brain Injury/Concussion Aneurism /Stroke	Yes	No		High / Low Blood Pressure	Yes	No		Asthma / Shortness of Breath	Yes	No
Smoker	Yes	No		Heart Condition	Yes	No		Epilepsy / Seizures	Yes	No
Diabetes	Yes	No		Fainting / Dizziness	Yes	No		Pregnancy	Yes	No
Back/Neck Problems	Yes	No		Joint Damage	Yes	No		Arthritis	Yes	No
Circulation Problems	Yes	No			Yes	No			Yes	No

### Acknowledgment of Risks, Injury and Obligations

**WARNING: This is an important document which affects your legal rights and obligations. Read It Carefully and do not sign it unless you are satisfied that you understand it. If you have any questions, please ask.**

**I understand and acknowledge** that whilst participating in activity:

- I may be injured, physically or mentally, or may die.
- My personal property may be lost or damaged.
- Other persons participating in such activity may cause me injury or may damage my property.
- I may cause injury to other persons or damage to their property.
- The conditions in which the activity is conducted may vary without warning.
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the Fitness Centre Operator.
- There may be no or inadequate facilities for treatment or transport of me if I am injured.
- I assume the risk or responsibility for any injury, death or property damage resulting from my participation in the activity.

### Release and Indemnity to the Fitness Centre Operators

**In Consideration** of the acceptance of my payment for participating in the activity (and except to the extent that the same may be precluded by statute).

**I Agree to Release and Indemnify** the Fitness Centre Operators as follows:

- I participate in the activity at my sole risk and responsibility.
- I release, indemnify and hold harmless the Fitness Centre Operator, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

**I also Agree that** in the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Fitness Centre Operators in respect of that injury or damage.

Before signing this document, I have read and understood it and know that it affects my legal rights. Where the answers on this form are not in my own handwriting, they have been checked severally by me and are certified as correct.

Participant/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_  
(Phone book, Drive By, Friend, Family, Colleague, School, Newspaper, Poster, Medical Referral, Facebook)

### Photograph & Video Release

I hereby grant permission to the photographing of myself, my children, rights of my and my children's image, likeness and sound of my/their voice as recorded on audio or video tape without payment or any other consideration. I understand that my/their image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my and my children's image or recording. I also understand that this material may be used for advertising, publicity, commercial, diverse educational settings or other business purposes within an unrestricted geographic area.

By signing this release, I understand this permission signifies that photographic, audio or video recordings of me may be electronically displayed via the Internet, newspapers, television or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing below, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material. I may put multiple names on this form if need be.

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

If person is under 18 years old: I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### Disclaimer

Please note: Our Trainers aren't qualified Doctors, Dietitians or Nutritionists. Any information we give is purely from our own and others experiences. Our Trainers are qualified to teach Boxing Technique.

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#### Costs in 2018:

Everyone pays Membership + Per Class Fees.

#### Children 5-14yo

\$30 a year Membership Fee (this helps pay for equipment replacement, insurance and Admin costs).

\$2 per class. Pre-paid 20 Class Card \$35 – gives 2.5 free classes.

#### Teenagers and Adults 15+yo

\$70 a year Membership Fee (this helps pay for equipment replacement, insurance and Admin costs).

\$5 per class. Pre-paid 20 Class Card \$90 – gives 2 free classes.

Discounts (Per class is same price as normal) to be paid in full for  
\$110 Two Person Membership Fee discount to apply.

You and a friend or partner. (normally \$140)

\$200 Yearly Family Membership Fee  
2 Adults & 3 Children (normally \$230)  
Additional Children +\$25 each

0444 550 072  
www.acboxing.com



Membership is January to December each year. Same as registration with Boxing League for Boxers.