

IF YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EPERIENCED AND SIGNS OF MEDICAL PROBLEMS, THIS INFORMATION SHOULD BE DISCLOSED AND CLEARENCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMATION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING THIS PROGRAM.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY *ALL OF NOTHING BOXING ACADEMY, INC*. I UNDERSTAND THAT *ALL OF NOTHING BOXING ACADEMY, INC.* RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH OR WITHOUT CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED BY MYSELF AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

THE EXERCISE AND ACTIVITY OPPORTUNITES OFFERED THROUGH THE FACILITIES OF *ALL OF NOTHING BOXING ACADEMY, INC.* ALLOWS A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL POTENTIALLY BENEFICIAL TO ONE’S HEALTH AND WELL-BEING. HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL ILLNESS, AND/OR INJURIES ASSOCIATED WITH (A) ENGAGING IN ANY EXERCISE OF PHYSICAL ACTIVITY, (B) THE USE OF EQUIPMENT AT *ALL OF NOTHING BOXING ACADEMY, INC*. SUCH RISKS INCLUDE MAY BE OF PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESSES INCLUDING, BUT NOT LIMITED TO, SPRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ELEVATED BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK OR EVEN DEATH.

CHILDERN UNDER THE AGE OF ELEVEN (11) YEARS OF AGE WILL BE PROHIBITED FROM OPERATING THE GYM’S TREADMILLS, IRON WEIGHTS AND WEIGHT MACHINARIES.

I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISES PHYSICAL ACTIVITY OPPORTUNITIES AT *ALL OR NOTHING BOXING ACADEMY INC.*, TO VOLUNTARILY USE *ALL OR NOTHING BOXING ACADEMY, INC*.EQUIPMENT, AND TO VOLUNTARILY USE ALL OR NOTHING BOXING ACADEMY, INC.’S FACILITIES AT MY OWN RISK AND FULL KNOWLEDGE AND APPRECIATION OF ANY ALL DANGERS AND RISKS INHIBITED.

I ACKNOWLEDGE THAT I HAVE AND AM HEREBY ADVISED TO SEEK AND OBTAIN ANY NECESSARY MEDICAL CLEARENCES FROM MY PHYSICIAN AND TO UNDERTAKE A PHYSICAL EXAMINATION PRIOR TO BEGINNING ANY EXERCISE ACTIVITY. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE.

I HEREBY RELEASE, WAIVE, FOREVER DISCHARGE AND/OR COVENANT NOT TO SUE *ALL OR NOTHING BOXING ACADEMY, INC*. FOR ANY AND ALL LOSS OR DAMAGE AND/OR ANY CLAIMS OF DEMANDS OR ACCUSATIONS UNKNOWN, ON ACCOUNT OF OR IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEEREBY ACKNOWLEDGE BY SIGNING THIS FORM ON BEHALF OF MYSELF AND/OR THE CHILD LISTED ON THE MEMBERSHIP APPLICATION, I AGREE THAT THE CONSENT, RELEASE, WAIVER OF LIABILITY, AND IDEMNITY AGREEMENT ALSO APPLIES TO THE CHILD.

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MEMBER SIGNATURE/PARENT SIGNATURE IF MINOR DATE