

**FINAL ROUND: KICKBOXING & FITNESS LAB  
WAIVER AND RELEASE OF LIABILITY**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_ / \_\_\_\_\_

**PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.**

**1. ASSUMPTION OF RISK**

I acknowledge that participation in kickboxing, fitness training, and other activities at Final Round: Kickboxing & Fitness Lab ("The Lab") involves inherent risks, including but not limited to physical exertion, falls, contact with other participants, equipment use, and unforeseen hazards. I voluntarily assume all risks associated with participation, whether known or unknown, including the risk of serious injury, permanent disability, or death. \_\_\_\_\_

**2. RELEASE OF LIABILITY**

In consideration of being allowed to participate in activities at The Lab, I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and covenant not to sue Final Round: Kickboxing & Fitness Lab, its owners, officers, employees, trainers, agents, and affiliates (collectively, "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, illness, death, or loss of property that may occur as a result of participation in gym activities, including those caused by negligence of the Released Parties. \_\_\_\_\_

**3. MEDICAL CLEARANCE AND RESPONSIBILITY**

I certify that I am physically fit and have no medical condition that would prevent my participation. I understand that I am responsible for consulting a physician before beginning any fitness program. If I experience any pain, dizziness, or other discomfort, I will immediately stop and seek medical attention. \_\_\_\_\_

**4. PHOTO & VIDEO RELEASE**

I grant Final Round: Kickboxing & Fitness Lab permission to use my likeness in photographs, videos, or other media for promotional and marketing purposes without compensation. I understand that my image may be used in digital or print materials, and I waive any right to inspect or approve such use.  
\_\_\_\_\_

## **5. RULES & CONDUCT**

I agree to follow all gym rules, respect staff and other members, and use equipment properly. I understand that failure to adhere to gym policies may result in my removal from the premises without refund. \_\_\_\_\_

## **6. MINOR PARTICIPANTS**

If the participant is under 18, this waiver must be signed by a parent or legal guardian. The undersigned parent/guardian acknowledges the risks and agrees to the terms on behalf of the minor.

\_\_\_\_\_

## **7. SEVERABILITY**

If any provision of this agreement is found to be unlawful or unenforceable, the remaining provisions shall remain in full effect. \_\_\_\_\_

## **8. ACKNOWLEDGEMENT OF UNDERSTANDING**

I have read this waiver thoroughly and fully understand its terms. I acknowledge that I am signing this agreement voluntarily and that by signing, I am waiving certain legal rights. \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature (if participant is under 18)

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_