

APPLICATION & INDEMNITY FORM

Applicant:

Full Names															
Date of birth	Y	Y	Y	Y	M	M	D	D							
Identity Number															
Current residence of applicant / s	Town														
	Post code														
Cellphone															

Legal Guardian (children under 18 years):

Full Names														
Cellphone														
E-mail address														

Contact details in case of emergency (alternative number to legal guardian):

Full Names														
Cellphone														

TERMS AND CONDITIONS + INDEMNITY:

I undertake to take part in all activities from **Bear Fight Club & Shadowbox Gym** at my own risk and that I am responsible for any medical cost due to any injury or actions to myself and/or my child.

I further agree to indemnify and hold harmless **Bear Fight Club & Shadowbox Gym**, their owners, coaches, trainers, & students from liability for the injury or death of any person(s) while participating in activities offered by **Bear Fight Club & Shadowbox Gym**. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent and/or any area selected for training by **Bear Fight Club & Shadowbox Gym**.

I understand that my child/myself is enrolled in classes at **Bear Fight Club & Shadowbox Gym** at my own risk and liability. I agree that no claims of any kind will be brought against **Bear Fight Club & Shadowbox Gym** or its owners, coaches & instructors as a result of injuries or damages that I or my child/myself may suffer while on the premises of **Bear Fight Club & Shadowbox Gym**.

Applicant/Guardian Signature: _____ **Date:** _____

Witness Signature: _____

Witness Signature: _____