

COMBSPORT

Box 26071 Langley Mall
Langley, BC V3A-8J2
Combsport1@telus.net | 604-530-7897

Active boxing status requires full medical clearance and a payment of \$ 75 to be renewed annually.

BOXING PARTICIPANT

Name _____

Medical Number _____ S. I. N _____

BOXER CLASS: Entry Level _____ Mid Level _____ Elite Level _____

Please outline your past experience in Combative Sports _____

Is this a renewal? () Yes () No

Medical Attached? () Yes () No Date of Medical: _____

Release Waiver

In consideration of membership and permission to participate in the activities within British Columbia Combative Sports Association granted me or my son/daughter /ward by The British Columbia Combative Sports Association, a non-profit association, and all its members including coaches and gym members from all claims, actions, judgments undersigned heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the participation sport of Boxing. I, the undersigned that the sport activity has inherent risks involved, and I am fully aware of the nature of these risks, but waive all claims, cause e of action etc. as heretofore, and hereby assume all the risk. It is further understood and agreed that **COMBSPORT does not sanction or do we provide insurance for other sport activities.** We ask for your primary sport participation in MMA for identification of this excluded class only.

I the undersigned, have read this Release/Waiver and understand all of its terms and conditions, I execute it voluntary and with full knowledge of its significance.

**In Witness Whereof, I have executed this release at _____
on the _____, day of _____, 20_____**

Applicant

Witness

Print name

Print name