

**CITY OF WOODLAND COMMUNITY SERVICES DEPARTMENT  
BOXING PROGRAM**

**Waiver and Release**

In consideration of the acceptance of my application, as a participant in any programs and/or activities of the City of Woodland Community Service Department Boxing Program ("Woodland Boxing Program"), I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I freely agree to and make the following representations, covenants and agreements to and for the benefit of the Woodland Boxing Program, the City of Woodland, any promoter or sponsor of an event in which I participate in connection with my participation in the Woodland Boxing Program, any owner of a venue holding an event in which I participate in connection with my participation in the Woodland Boxing Program, and their respective agents, officers, officials, employees, volunteers, consultants, members, and affiliates (collectively, "Releasees"). I acknowledge that boxing is an inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for competition, and fully assume all risks associated with such participation, including but not limited to the possibility of death, permanent paralysis, or serious physical and/or mental trauma or injury associated with boxing. I hereby waive, release, and discharge, and shall defend, indemnify and hold the Releasees free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, to property or persons, including wrongful death, personal injury, or property damage (collectively, the "Claims"), which I or any third party may have, or which may hereafter accrue to me or any third party, as a result of my participation in the Woodland Boxing Program or any related activity, including without limitation the payment of all consequential damages and reasonable attorneys fees and other related costs and expenses. This release is intended to discharge in advance the Releasees from all Claims, even though such Claims may arise out of negligence or carelessness on the part of the Releasees.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, assigns, executors, administrators, legal representatives and successors in interest. I further agree to assume all responsibility for any property damage or injury to any person I cause while participating in the Woodland Boxing Program and/or any related activity.

I CERTIFY THAT I HAVE NO INJURIES TO MY HANDS, whether fractures, broken bones or otherwise, within three months of the date of this entry form, and the events, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries or conditions in the future, I will immediately notify the officials of these events and cease all participation in the events.

By signing below, I acknowledge that I have read, understand, and approve the provisions set forth above.

Signed: \_\_\_\_\_  
*Participant's full name*

Dated: \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE: This signature is to certify that I, as a parent/legal guardian with legal responsibility for the above named participant, consent to the provisions set forth above on behalf of myself and my child.

Signed: \_\_\_\_\_  
*Signature of parent or legal guardian*

Dated: \_\_\_\_\_

## **Authorization of Medical Treatment**

I DO HEREBY AUTHORIZE AND CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR MYSELF SHOULD I BE UNABLE TO MAKE A DECISION: any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which a treating physician, in the exercise of his/her best judgment, may deem advisable for my me. Further, I understand I will be participating in inherently dangerous activities and agree to pay for my medical expenses. I understand that all effort shall be made to obtain my consent prior to rendering treatment, but any of the above treatment will not be withheld if I cannot make a decision regarding treatment, and a representative of the Woodland Boxing Program may consent to medical treatment on my behalf if I cannot make a decision regarding treatment. This consent shall remain in effect until December 31<sup>st</sup> of the year in which it was provided.

By signing below, I acknowledge that I have read, understand, and approve the provisions set forth above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Participant's full name*

[IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING]

### **Authorization of Medical Treatment for Minor Participant**

I, the parent or legal guardian, of the child listed below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which a treating physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached, and a representative of the Woodland Boxing Program may consent to medical treatment for my child on my behalf if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect until December 31<sup>st</sup> of the year in which it was provided.

By signing below, I acknowledge that I have read, understand, and approve the provisions set forth above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Participant's full name*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Signature of parent or legal guardian*

**CITY OF WOODLAND COMMUNITY SERVICES DEPARTMENT  
BOXING PROGRAM**

**Participant Registration Form**

**NAME:**

\_\_\_\_\_

**Last**

**First**

**Middle**

**ADDRESS:**

\_\_\_\_\_

**Number**

**Street**

**City**

**Zip**

**PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Allergies to drugs or foods:**

\_\_\_\_\_  
\_\_\_\_\_

**Any special medications, important medical information or special instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**List any restrictions to medical treatment:**

\_\_\_\_\_  
\_\_\_\_\_

**Physician/HMO Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON #1**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON #2**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Please attach a current photograph of the Participant**