

# Pittsburgh Sports Performance Center

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## WAIVER OF LIABILITY

I, \_\_\_\_\_ a participant of the Wolfpack Boxing Club (Wolfpack Boxing Inc.) and/or sports training programs located in the Pittsburgh Sports Performance Center, which is owned and operated by the Pittsburgh Sports Performance & Development Corporation (PSP), and his/her parent(s) or guardian(s) agree that neither Wolfpack Boxing Inc. or PSP, nor their training staff, will be held liable for any accidents, damage to personal property, injuries (including death), or other losses arising out of participation in Wolfpack Boxing Inc. boxing or sports programs, however caused; and further agree to release and hold harmless now and hereafter, Wolfpack Boxing Inc. and PSP and its training staff, from any and all claims and damages which may result from any such accidents, damages, injuries, and other losses.

I/we confirm that the above named participant is covered by Medical Insurance, and give my/our permission for him/her to be taken to any hospital or other medical care facility for any emergency or other accident arising from his/her participation in Wolfpack Boxing Inc. boxing or sports programs, and be treated by the doctor or surgeon on call or duty and I/we specifically release Wolfpack Boxing Inc. and PSP and its training staff from any and all claims and damages that may arise from treatment and transportation for treatment related to said emergency or other accident.

The foregoing has been read and its meaning explained to the above named participant, and I/we agree to the terms and conditions as stated. I/we the parent(s)/guardian(s) of the above named participant, give my/our consent to his/her participation in Wolfpack Boxing Inc. boxing or sports programs, with acknowledgement and assumption of any and all risks attendant thereto.

1. Do not sign this waiver before you read it or if any space is intended for the agreed terms is blank.
2. You are entitled to a copy of this waiver at the time you sign it (upon request).

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

Participant Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Legal Guardian/Parent \_\_\_\_\_

Legal Guardian/Parent Printed Name \_\_\_\_\_