



High Wycombe Amateur Boxing Club



APPLICATION FORM

1. APPLICANT'S DETAILS:

Surname:

First names:

Address:

.....

.....

Postcode:.....Tel(Home).....Tel(Mobile).....

Occupation:.....

Date of Birth.....

Email:.....

2. HEALTH DECLARATION:

Are you prescribed drugs which may impair reaction time or judgement?
 YES/NO If yes, what drugs

Have you suffered any incapacity requiring medical attention in the past 12 months?
 YES/NO If yes, give details

Do you have any form of disability? (E.g. learning difficulty/ disability)
 YES/NO If yes, give details.....

3. EXCLUSION OF APPLICANT

Has a medical condition ever prevented you from participating in a Boxing/ Martial Arts Club?
 YES/NO If yes, give details

4. DECLARATION OF UNDERSTANDING

Boxing/ Martial Arts Is Dangerous

I have read and understood the terms of the Boxing/ Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated thisday of.....20.....
 Applicant Signature.....
 Witness signature.....

4 GUARDIAN'S CONSENT: (for all persons under 18 years)

I hereby certify that all the information contained in the declarations above is true and accurate.

Signature..... Relationship to Applicant.....
 Address in full

.....

Postcode:.....Tel(Home).....Tel(Mobile).....

High Wycombe Amateur Boxing Club

BOXING/ MARTIAL ARTS CONTRACT

BOXING/MARTIAL ARTS IS DANGEROUS

The following conditions must be read carefully:

Interpretation

"the Applicant" means the individual who signs this Contract (or a guardian if the applicant is under 18 years of age) and agrees to be bound by its terms and conditions.

Acceptance

I, *(full name)*

.....
of *(residential address)*

.....
I, *(full name of Guardian)*

.....
of *(residential address of Guardian)*

.....
the Applicant, hereby agree to be bound by the terms of this Contract with High Wycombe Amateur Boxing Club and the persons named and described in Schedule 1, hereinafter jointly and severally referred to as "the providers". The providers agree to permit me to use their premises and facilities for Boxing/ Martial Arts, to instruct me in Boxing/ Martial Arts and related activities ("the service") upon and subject to the following terms and conditions:

(a) Club Fees

The Applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider's premises or premises occupied by the provider or verbally.

(b) Medical Conditions

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts.

(c) Exclusion of Applicant

The Applicant warrants that he or she has not at any time been excluded from Boxing/ Martial Arts by a medical practitioner or any person or entity including a Boxing/Martial Arts Club.

(d) Waiver and Indemnity

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Boxing/ Martial Arts or in connection with Boxing/Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified.

(e) Boxing/ Martial Arts done at Applicant's own Risk

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by this Club/Academy Company are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(f) Acceptance

Performance of the provider's obligations under the contract may be effected by any one or more of the providers either jointly or severally.

(g) Governing Law

Any agreement entered into pursuant to this acceptance is to be governed by the laws of England and the Courts Great Britain shall have exclusive jurisdiction to entertain any action in respect of any such agreement.

(h) Code of Conduct

Any person training in Boxing/ Martial Arts shall abide by High Wycombe Amateur Boxing Club Code of Conduct. (Please see separate sheet)

Statement of Understanding

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Signed (*Applicant*)

This (date) **day of** (month).....**20**.....

in the presence of (*signature of witness*)

[This contract **must** be signed by a guardian if the Applicant is under the age of 18.]

SCHEDULE 1

In addition to High Wycombe Boxing Club , the providers in respect of this agreement include :
The President, Directors, The staff, instructors and venue providers.