123 Your Street, Suites 1 & 2 Your City, CA. 12345 YourBox.com 123-456-7890

Welcome to YOUR BOX!

Student Registration

NAME	_DATE	_SEX M/	/F AGE	
ADDRESS		DOB		
CITY	STATE	ZIP		
HOME PH#	_CELL#	WORK#		
EMPLOYED BY		EMAIL		
PRE-EXISTING CONDITION	ONS/INJURIES:			
DOCTOR		PHONE	-	
INSURANCE CO		POLICY	#	
IN CASE OF EMERGENC	Y NOTIFY	PHONE		
PLEASE TELL US HOW Y			EBSITE()OTHER()	

General Waiver

PLEASE NOTE: This waiver of Liability, Release, Acknowledgement of Risk, and Indemnification Agreement ("Waiver Agreement") is intended to be, and is, legally binding.

If any aspect of this Waiver Agreement requires clarification, have a **YOUR BOX**, employee fully explain it before signing. By signing the **YOUR BOX** "Student Registration" you are agreeing to all terms set forth in this Waiver Agreement. You and/or the person on whose behalf you are signing, are waiving the right to bring any type of action, whether in court or otherwise, to recover compensation or obtain any other remedy for any personal injuries, damages to property, any accident or incident of any type, or death, arising out of or related to your use of **YOUR BOX**, its facilities, grounds, climbing walls, exercise areas, classes, equipment, whether the use is supervised or unsupervised. While Brand **YOUR BOX** offers these activities in a controlled environment, there is still an assumed risk of injury to persons using **YOUR BOX**. In agreeing to this Waiver Agreement, I hereby acknowledge, understand, and agree on my behalf, and upon behalf of the person for whom I am signing, that the use of **YOUR BOX**, its facilities, equipment, climbing walls, classes and/or participating in activities sponsored by **YOUR BOX** have **inherent risks**. These risks include, but are not limited to, any injury of damage resulting from:

Negligence of employees, volunteer assistants, independent contractors of **YOUR BOX**. Negligent misuse of the facility, climbing walls, or equipment of **YOUR BOX**; falling off or impacting against the climbing walls, impact surface, floors, or anything else; rope abrasion, entanglement or other activities occurring on the premises; cuts or abrasions resulting from any cause whatsoever; failure of the climbing walls or equipment, whether inside or outside; personal health problems, whether mental or physical; negligence of other climbers, visitors, or observers or persons who may be present in or around the climbing area or facility; and/or negligence or lack of adequate training of any person(s) who seek to assist with medical or other help either before or after any injury or damage may occur.

YOUR BOX AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of YOUR BOX and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I, for myself, my heirs and assigns, hereby waive, release, and forever discharge YOUR BOX, and their officers, agents, employees, representatives, executors and all others from any and all, responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment, classes, climbing walls or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of YOUR BOX or the use of any equipment at YOUR BOX. (Please initial) 2. I understand and am aware that, fitness, and climbing including the use of the equipment, are all potentially hazardous activities. I also understand that fitness activities involve a risk of injury or even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby to expressly assume and accept any and all risks of injury or death. (Please initial) 3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment, climbing wall or machinery except as herein stated. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate, in the activity of, fitness, and climbing and the use of the equipment, climbing wall and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial) Print Name______ Signature______ Date_____ Parent and/or Guardian must sign below for minors: AGREEMENT AND RELEASE OF LIABILITY In consideration of having YOUR BOX allow my child, ___, who is under the age of 18 to participate in the activities and programs of YOUR BOX, including but not limited to YOUR BOX, Climbing and use of the climbing wall and any other equipment, I hereby for my child's heirs, executors, administrators, and or assigns, waive and release any and all rights and claims of any nature my child may have against YOUR BOX, its officers, employees, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns for and against any and all injuries or damages of any nature my child may suffer while taking part in any activities connected with YOUR BOX. This release and consent shall be binding upon my child's heirs, executors, administrators, and/or assigns. (Please initial) PARENT'S/GUARDIAN'S SIGNATURE______DATE _____DATE Photo /Video Release I hereby give permission for images of my child, captured during regular and special activities through video, camera and digital camera to be used solely for the purposes of YOUR BOX promotional material, publications and web site, and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the web site. Name of minor_____ Name of Parent/Guardian____

Signature Date