



# Chicago Youth Boxing Club

Visit us at [www.facebook.com/CYBCboxer](http://www.facebook.com/CYBCboxer)

Phone: 773.565.4235

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ /Age \_\_\_\_\_

School/ Employer: \_\_\_\_\_

## Voluntary Information

**Racial or Ethnic Group:**  
 American Indian/Alaskan  Asian/Pacific Islander  Black/African American  Hispanic/Latino  White/Caucasian  Other

**Gender:**  
 Female  Male  Other

**How did you hear about CYBC?**  
 Facebook  Friend/Referred  Internet/Website

**Reasons for Joining Gym:**  
 Lose Weight  Build Muscle Mass  Endurance Training  Other: \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_  
Last First M.I.

Home Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION ON THIS FORM. IN ADDITION, I UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE ASSUMPTION OF BASIC WAIVER & RELEASE OF ALL CLAIMS ARE IN EFFECT THROUGHOUT MY MEMBERSHIP WITH THE CHICAGO YOUTH BOXING CLUB.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Applicant)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian if under 18)

## Office Information: DO NOT WRITE BELOW THIS LINE

Membership Scan Card Code:

Amount Paid W/ Application:

Youth Member  Adult Member

Date Paid: \_\_\_\_\_  
 Staff Accepting Payment: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Office Administrator)

**CHICAGO YOUTH BOXING CLUB (CYBC)**

**WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**

I \_\_\_\_\_, as authorized participant, or guardian, hereby agree with terms and requirements .I hereby release the Chicago Youth Boxing Club from liability for any injury my child/I may sustain. I fully assume all responsibility for injuries my child/I may sustain while participating in program activities or while in travel to or from said activities and field trips:

1. Agree that prior to participating in the Chicago Youth Boxing Club (CYBC) program, I will inspect the facilities used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my instructor(s) and/or supervisor(s) of such conditions and refuse to participate
2. Agree that I have received a copy of the CYBC program rules and hereby agree to follow them, or immediately report any wrongdoings, or violations of the CYBC rules, by other members, or staff, to any other CYBC staff member, mentors, volunteer adults present.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions, or negligence, but also to the actions, inactions, or negligence of others, the rules of the CYBC boxing program, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonable foreseeable at this time
4. Acknowledge the risks involved in the sport of boxing, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue Chicago Youth Boxing Club (CYBC), and/or their affiliated school/business(s), including, but not limited to, their respective agents, directors, coaches, and/or any other employees or volunteers of the organization, or other members of the Chicago Youth Boxing Club, their parents, guardians, supervisors, coaches, and if applicable, owners, lessors, and lessees of premises used to conduct the class, all of whom are hereinafter referred to as "releasee" from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to personal property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise to the fullest extent permitted by law.
6. To the best of my knowledge, I acknowledge that I am in good physical health and have no conditions that would endanger my health, in regards to participating in the CYBC boxing program, or boxing competition.
7. I hereby consent to have my child/myself photographed, videotaped, audio taped and/or interviewed by [ ] staff or the news media when the Chicago Youth Boxing Club programming is in session or when my child is under supervision of [ ]. I, as the parent or legal guardian, agree to release and hold harmless the Chicago Youth Boxing Club, from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child on television, radio, motion pictures or in the print medium. It is further understood and I do agree that no monies or other consideration in any form, including reimbursements for any expenses incurred by me or my child, will become due to me, my child, our heir, agents, or assigns at any time because of my child's participation in any of the above activities.

**I HAVE READ THE WARNINGS DESCRIBED IN THIS AGREEMENT, WAIVER AND RELEASE AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS AND DO SO AT MY OWN RISK AND ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT AND/OR GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ALSO GIVE PERMISSION TO CYBC DISTRIBUTION, PRINT AND POSTING OF ANY PICTURES OF MY CHILD FOR CYBC SALES, MARKETING AND PROMOTIONAL PURPOSES.**

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature      Date

\_\_\_\_\_  
Parent/Guardian's printed name

\_\_\_\_\_  
Parent/Guardian's Signature

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the warnings and conditions described herein, as well as their ramifications.



**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Chicago Youth Boxing Club (CYBC)** in Chicago, Illinois has put in place preventative measures to reduce the spread of COVID-19; however, the Gym/Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the /Gym Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Gym/Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Gym/Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Gym/Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in **Chicago Youth Boxing Club** programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Gym/Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Chicago Youth Boxing Club program.

\_\_\_\_\_  
Youth Member Name (Legible Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Member's Name (Legible Print) (18+Years)

\_\_\_\_\_  
Member's Signature (18+ Years)

Date: \_\_\_\_\_

