Boxing waiver

Participation in boxing activities

I voluntarily choose to participate, or give permission for the participant named in this form to participate, in boxing, kickboxing and related training activities provided or organised by **[Boxing Gym Name]**.

Boxing activities may include:

- Fitness boxing, boxing technique and kickboxing classes
- Heavy bag, speed bag, double-end bag and pad work with a coach or partner
- Skipping, circuits, strength and conditioning work
- Partner drills, technical sparring and controlled contact drills
- Sparring, where invited and approved by a coach
- Personal training, open gym sessions and group classes

I understand that participation is voluntary and that the participant may stop at any time.

The gym may refuse, restrict or end participation if it reasonably believes that a participant cannot train safely, has failed to follow instructions or presents a risk to themselves or others.

Memberships, class packs and fees remain subject to the gym's membership terms, cancellation and refund policies.

Participant eligibility

I confirm that the participant meets the gym's minimum age and participation requirements for the class or session being attended.

Where I sign for a minor or another person who cannot legally provide their own consent, I confirm that I am their parent, legal guardian or otherwise legally authorised to provide consent on their behalf.

I confirm that the participant is physically able to take part in vigorous exercise, except for any condition or limitation disclosed to the gym before participation.

Boxing and kickboxing risks

I understand that boxing and kickboxing are physically demanding combat sports that involve striking, being struck, fast movement and intense cardiovascular effort.

Injuries can occur even when protective equipment is worn, technique is correct and all rules are followed.

Possible risks include:

- Concussion, head injury and the effects of repeated blows to the head
- Cuts, bruises, nosebleeds and facial injuries
- Eye injuries, dental injuries and jaw injuries
- Hand, wrist, knuckle and thumb injuries, including fractures
- Broken bones, dislocations and joint injuries
- Muscle strains, ligament sprains and back or neck injuries
- Cardiac strain, overexertion, dehydration, dizziness and fainting
- Slips, trips and falls, including falls in the ring or onto equipment
- Skin infections and other conditions spread through close contact or shared equipment
- Injury caused by a training partner, sparring partner or another member
- Serious injury, permanent disability or, in rare cases, death

I understand that the gym cannot eliminate every risk associated with boxing and kickboxing.

I voluntarily accept the ordinary and inherent risks of participation.

Sparring rules

I understand that sparring is never compulsory and takes place only when a coach has invited and approved the participant to spar.

I agree to:

- Spar only with a coach present and with a partner the coach has approved
- Spar at the intensity the coach sets and adjust contact when told to
- Stop immediately when the coach calls time or tells me to stop
- Tell the coach straight away if I feel dazed, dizzy, unwell or injured
- Never spar while injured, unwell or after a recent head injury
- Respect my partner and never try to hurt or punish them

I understand that the coach may stop a round, pair me with a different partner or remove me from sparring at any time.

Protective equipment

I agree to wear the protective equipment the gym requires for each activity.

Required equipment may include:

- Boxing gloves of a weight and condition approved by the coach
- Hand wraps for bag work, pad work and sparring
- A mouthguard for any partner drill or sparring
- Headgear for sparring where required by the gym
- Groin protection, chest protection or shin guards where required

I understand that protective equipment reduces but does not remove the risk of injury, including concussion.

I agree to check my equipment before use and to stop using any equipment that is damaged or does not fit properly.

Coach instructions and gym rules

I agree to attend any induction or safety briefing and to follow all instructions from coaches and staff.

I agree to:

- Warm up before training and cool down afterwards
- Train within my ability and fitness level
- Keep clear of bags, ropes and partners while they are in use
- Enter the ring only when a coach allows it
- Use equipment only for its intended purpose and return it after use
- Report any injury, accident or damaged equipment immediately

The gym may remove any participant who ignores safety rules or behaves recklessly, aggressively or disruptively.

Health disclosure and medical clearance

I agree to inform the gym about any condition that may affect safe participation, including:

- A previous concussion, head injury or loss of consciousness
- Heart, circulation or blood-pressure conditions
- Chest pain, shortness of breath or fainting during exercise
- Epilepsy or seizures
- Eye conditions, detached retina or recent eye surgery

- Current injuries, recent surgery or joint problems
- Diabetes, asthma or other conditions that may affect exercise
- Pregnancy or possible pregnancy
- Medication that thins the blood or affects heart rate, balance or alertness

I agree to obtain medical clearance before training if a coach asks for it or if I have any doubt about whether boxing is suitable for me.

I will stop training and tell a coach if I experience chest pain, severe breathlessness, dizziness, headache, blurred vision or any other concerning symptom.

Hygiene and skin infections

I agree to train with clean clothing, clean hand wraps and short, clean fingernails and toenails.

I will not train or spar with an open wound, rash, cold sore, ringworm, impetigo or any skin condition that may be infectious, unless a coach has approved participation and the area is properly covered.

I agree to clean my own gloves and equipment regularly and to wipe down shared equipment where the gym asks me to.

Minors

Where the participant is under the age of majority, I confirm that the gym’s age requirements for the class have been met.

I understand that sparring for minors takes place only where the gym offers it, with a coach present and with appropriately matched partners.

I agree to tell the gym who is authorised to collect the minor and to update this information if it changes.

Medical treatment

I authorise the gym and its staff to obtain reasonable first aid and emergency medical assistance for the participant where necessary.

I understand that staff are not medical professionals unless stated otherwise.

I accept responsibility for medical, ambulance and treatment expenses unless applicable law or legally established liability requires otherwise.

Assumption of risk

I knowingly and voluntarily accept the ordinary and inherent risks associated with boxing and kickboxing.

I accept responsibility for injuries, losses or complications caused or materially contributed to by:

- Relevant information I concealed or provided inaccurately
- A health condition, previous head injury or limitation I failed to disclose
- Training or sparring beyond my ability or against coach instructions
- My failure to wear required protective equipment
- Training while injured, unwell or medically unfit
- My reckless, aggressive, unlawful or prohibited conduct

Liability release

To the fullest extent permitted by applicable law, I release **[Boxing Gym Name]** and its owners, directors, coaches, trainers, employees, contractors, volunteers and representatives from claims arising solely from:

- Ordinary and inherent boxing and kickboxing risks knowingly accepted in this form, including blows received during sparring and partner drills
- Relevant information I concealed or provided inaccurately
- My failure to follow reasonable safety rules or coach instructions
- My failure to use required protective equipment
- My reckless, unlawful or prohibited conduct
- The conduct of another member where it was outside the gym’s reasonable control

This release does not exclude or limit liability that cannot legally be excluded or limited.

It does not apply to fraud, intentional misconduct, gross negligence, reckless conduct, breaches of mandatory safeguarding duties, violations of mandatory consumer rights or any other liability that applicable law prohibits the gym from waiving.

Privacy and recordkeeping

I understand that the gym may collect and retain information where reasonably necessary to:

- Register and identify members and participants
- Confirm consent and eligibility
- Manage memberships, classes and sparring sessions

- Understand relevant health or support needs
- Maintain safety and incident records
- Respond to injuries, complaints or legal claims
- Meet insurance, safeguarding and legal obligations

Information will be handled according to the gym’s privacy notice and applicable data-protection laws.

Final declaration

By completing and signing this form, I confirm that:

- I have read and understood the entire waiver.
- The information provided is complete and accurate.
- I understand that boxing and kickboxing may cause serious injury, including concussion.
- I understand and accept the ordinary and inherent risks.
- I will spar only when invited by a coach and will follow the sparring rules.
- I will wear the protective equipment the gym requires.
- I will follow coach instructions and gym rules.
- I will not train while injured, unwell or medically unfit.
- I authorise reasonable emergency assistance where necessary.
- I had an opportunity to ask questions before signing.
- My participation is voluntary.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Participant completion

Contact details

First name *

Last name *

Phone

Email *

Date of birth *

Emergency contact name and phone number *

Boxing experience (select all that apply) *

- [ ] New to boxing
- [ ] Fitness boxing or bag work classes
- [ ] Pad work with a coach
- [ ] Technical or light sparring
- [ ] Competitive or amateur boxing
- [ ] Kickboxing or Muay Thai

Have you ever had a concussion or head injury? *

- ◯ No
- ◯ Yes, and I have medical clearance to train
- ◯ Yes, details below

Health conditions, injuries or medication the gym should know about

Is this form being signed on behalf of a minor?

- ◯ No
- ◯ Yes, I am the parent or legal guardian

☐ I have read, understood and agree to the Boxing Waiver and Assumption of Risk above. I confirm that the information provided is accurate, that I am authorised to sign for any minor named where applicable and that I voluntarily accept the risks of boxing and kickboxing. *

Signature *