



PORTLAND BOXING CLUB
MEMBERSHIP/COMPETITOR APPLICATION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any physical disabilities or health risks? Yes [ ] No [ ]

If Yes, describe fully and in detail the nature of your disability or health risks:

Three horizontal lines for describing disabilities or health risks.

Are you presently taking any medications? Yes [ ] No [ ]

Three horizontal lines for describing medications.

Signature of Applicant

Parent/Guardian Signature (If Member Under 18)



**PORTLAND BOXING CLUB  
RELEASE AND ACKNOWLEDGEMENT**

In consideration of being permitted to use the athletic facility known as Portland Boxing Club (PBC), the gymnasium and all of the equipment on premises and further being allowed to participate in the potentially dangerous activity of boxing, I hereby fully release, waive, and discharge the Portland Boxing Club, its officers, employees, members, promoters, volunteers, sponsors and owners (hereinafter "releasees"), from all liabilities for any and all loss or damage and any claim of damages resulting from, on account of injury to my person or property or even resulting in my death, whether caused by the negligence of the releasees or otherwise while I am boxing, exercising, or am present on the premises for any purpose. I also release, waive, and discharge the releasees on behalf of my spouse, legal representatives, heirs, and assigns to the full extent set forth herein.

I hereby assume full responsibility for the health risk of bodily injury, death, or property damage caused due to the negligence of releasees or otherwise while in or upon the Portland Boxing Club and while competing, officiating, training, sparring, or participating for any purpose upon the premises.

I agree to indemnify the release from any loss, liability, damage, or injury caused by me in or about the Portland Boxing Club whether caused by the negligence of the releasees or otherwise.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, become familiar with, and agree to abide by the rules of the Portland Boxing Club.

The Release and Acknowledgement will remain in full force and in effect from this date forward and shall include the entirety of my future participation and presence at the Portland Boxing Club.

In witness whereof releaser has signed below on this date: \_\_\_\_\_.

**\*CAUTION\***

Read carefully before signing. This document releases all liability of the releasees and you may wish to seek legal counsel before signing.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Member/Competitor's Signature

\_\_\_\_\_  
Member/Competitor's Printed Name

\_\_\_\_\_  
Parent/Guardian Signature (If Member Under 18)

\_\_\_\_\_  
Parent/Guardian's Printed Name