

I, the undersigned, do voluntarily participate in a Fitness Kickboxing class at True Martial Arts / Maxx Fitness. I hereby assume full responsibility for any damages, injuries, or losses that I may incur while attending the class. I waive all claims against True Martial Arts / Maxx Fitness, the owners, and the Instructor for any damages, injuries, or losses that I may sustain. I fully understand that any medical treatment given to me will be first aid treatment only.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature (Parent or Guardian if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(to receive ONE email with a promotional offer should you enjoy the class and be interested in returning)