



Change your **Life...not just your Body!**

INJURY WAIVER FORM

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in any classes taken with James M Wong and Studio 222 Personal Training Centers.

Therefore, as a precondition to being granted permission to participate in any kickboxing, boxing or combat sport training class with James M Wong and Studio 222 Personal Training Centers, each participant shall read the agreement set forth below in order to make an educated choice to participate or not participate. Your signature will signify your recognition of the possible health risks involved and your informed consent to them.

To that end, and before releasing James M Wong and Studio 222 Personal Training Centers from all actions, claims, or demands related to any injury you may sustain as a result of participating in its training classes, please give serious consideration to the possible ramifications. You should understand that the causes of possible injury are many, kickboxing, boxing and all combat sports are high impact dangerous activities but among them are: injury from bodily contact, incidental to or inherent in the nature of the sport; slipping, falling, or tripping on the training surface, regardless of its physical or environmental conditions; injury from warming up, practicing, or training; injury due to supervision by James M Wong and Studio 222 Personal Training Centers and instructions (or lack thereof) regarding the use of training equipment or tools or to the nature of the sport itself.

IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL PARTICIPANT to know his or her own general state of health and well-being, and therefore to be able to certify knowledgeably that he or she is physically fit to participate in a combat sport training class with James M Wong and Studio 222 Personal Training Centers. **Before starting this or any other exercise program, always consult your doctor.**

IT IS ALSO THE RESPONSIBILITY OF EACH INDIVIDUAL PARTICIPANT to have health insurance coverage sufficient to provide for medical or dental services and/or equipment required to treat any injury, minor or catastrophic, sustained or incurred as a result of participating in a combat sport training class with James M Wong and Studio 222 Personal Training Centers, and to certify that such insurance coverage is held.

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature _____

Date _____

Name _____

Date of Birth _____ (If under 18 years of age, parents signature is required)

Address _____

Phone _____

Email _____