

CLIENT INFORMATION & MEDICAL HISTORY FORM

Name _____ (Nickname) _____

Address _____ Zip _____

Email address: _____

Phone #'s _____ Birth Date _____

How did you hear about K.O. and what is your primary reason for your visit:)

Class Name / Class # / Days / Times:

Please answer the following questions:	YES	NO
Have you ever had a personal training session?	_____	_____
Have you ever taken a fitness class?	_____	_____
Have you ever been to a gym?	_____	_____
Do you wear contact lenses?	_____	_____
Do you have any skin problems or allergies?	_____	_____
If yes, please describe _____		
Have you ever had surgery?	_____	_____
If yes, please describe _____		
Have you recently suffered an acute injury?	_____	_____
If yes, please describe _____		
Do you have varicose veins or blood clots?	_____	_____
Do you have arthritis?	_____	_____
Do you have any spinal problems?	_____	_____
If yes, please describe _____		
Do you have fibromyalgia?	_____	_____
Do you have cancer?	_____	_____
Do you have any blood pressure problems?	_____	_____
Are you pregnant?	_____	_____
Do you have knee problems?	_____	_____
Have you tested positive for a contagious disease?	_____	_____
If yes, please describe _____		

Do you have any other information the K.O. staff should be aware of before participating in classes? _____ If so, please list on separate paper.

I _____ understand that the training given here is for the sole purpose of exercise, helping to increase my overall health, and helping me to reach my fitness goals. I understand that the K.O. Trainer does not diagnose illness or injury, or any other physical or mental disorder. I fully and forever release, indemnify, waive and discharge K.O. Boxing, its' owners and any associated employees or trainers from any and all claims, negligence, demands, damages, or rights of action, resulting from or arising out of my use or intended use of said facilities and the equipment thereof. I expressly discharge, waive, indemnify and release K.O. Boxing, its' owners, and any associated employees or trainers from liability arising from K.O. Boxing, its' owners, and any associated employees or trainers acts or omissions of negligence.

Signature _____ **Date** _____

REFUND POLICY

I _____ understand that there will not be a refund in my session fees, monthly dues or semester payments. If I can no longer participate in the program I have enrolled, my fees may be credited per my request to the same course offered on a later date or a different course that K.O. has to offer.

SIGNED _____ **DATE** _____

K.O. BOXING, INC. RELEASE FORM

RULES & REGULATIONS

K.O. BOXING RULES "RESPECT"

- Do not touch any equipment without K.O. trainers' permission.
- Pay attention to the training and concentrate on form and technique.
- Wear appropriate clothing, shoes, etc.
- Train with a positive attitude and respect for your teammates, the K.O. trainers, the workouts, and the K.O. facility.
- There will be no sparring under the age of 18 without parent or guardian's signed permission & waiver.
- Permission to spar will be given by Coach Lorissa. Signed waiver required.

BRING TO K.O.

Water, towel, workout clothing as per the rules and regulations, and your approved boxing equipment.

K.O. SPARRING ETHICS

K.O. sparring drills are not fighting. It is not throwing with 100% power. Boxers WILL NOT be trying to knock each other out. K.O. sparring drills will be used for the sole purpose of advancing your boxing skills as well as your opponent's skills in: technique, defense, offense, footwork, balance, control, speed, agility, hand-eye coordination, nerve, and analytic aptitude.

REQUIRED SPARRING ATTIRE

Head gear
A fitted mouth piece
Safety contact gloves (22oz. or 24oz.), Hand wraps (wrapped for sparring)
Exercise clothing
NO jeans, button up shirts, outdoor shoes
NO additional attire or equipment that will interfere with sparring drills or injure a boxer or trainer

BOXING TRAINING

I _____ will be participating in the K.O. Boxing Training Program. I understand and accept the risks involved. I understand and will abide by the K.O. boxing rules as stated above. I also understand that if I violate any of the rules and regulations set forth above, K.O. (including President, Lorissa Belcher and or Steve Belcher) may, in its' sole discretion, cancel my rights to use the facilities or obtain services of K.O. I will not be entitled to a refund of any payments I have made. I fully and forever release, indemnify, waive and discharge K.O. Boxing, its' owners and any associated employees or trainers from any and all claims, negligence, demands, damages, or rights of action, resulting from or arising out of my use or intended use of said facilities and the equipment thereof. I expressly discharge, waive, indemnify and release K.O. Boxing, Inc., its' owners, and any associated employees or trainers from liability arising from K.O. Boxing, its' owners, and any associated employees or trainers acts or omissions of negligence.

SIGNED _____ DATE _____

EQUIPMENT USAGE

I _____ understand that boxing is a contact sport. I understand the risk involved. The products and equipment used in boxing training including: head gear, mouth pieces, gloves, mitts, all bags, body shields, body protectors, etc. are manufactured to provide degree of protection, but is not warranted to prevent injury or death suffered while using the product(s).

SIGNED _____ DATE _____