

Name of Participant ("Parti	cipant"):	
Cell#:	E-mail:	
Age:		
Do you have any health rea	sons that would prevent you from	exercising safely? Y/N
Program Location: 201 S Ridgewo	ood Ave, Suite 13, Edgewater FL 32132	
Waiver and Release of Liability		
any exercise class. All exercises for exercising shall be at Particip methods and types of equipment claims, demands, injuries, damag with the use by Participant of the indemnify and hold Down to Box	, including the use of weights and use of ant's sole risk. Participant understands a shall be Participant's entire responsibilities, or actions arising due to injury to Pa services, facilities, and premises of the c, its officers, owners, agents and employ	octor before using any exercise equipment or participating in any and all machinery, equipment, and apparatus designed hat the agreement to use, or selection of exercise programs, y, and Down to Box shall not be liable to Participant for any ticipant's person or property arising out of or in connection club or gym or Down to Box. Participant hereby agrees to sees harmless from all such claims, demands, or actions alf or by any other party as a result of any such injuries or
I grant Down to Box, Inc. the rig and publish the same in print and		Down to Box, its assigns and transferees to copyright, use,
	ay use such photographs of me without ration, advertising, and Web content.	ny name and for any lawful purpose, including for example
By signing below I have read, un	derstand, and agree to the foregoing, for	myself and/or on behalf of my minor child(ren):
Signature:		
Date:		
Emergency Contact Infor	mation:	
Name:	Relation:	Cell:
Name:	Relation:	Cell: