Siar’s Boxing Academy – Parental Consent & Waiver Form

Participant Information
Full Name of Participant: _____
Date of Birth: _____

Parent/Guardian Information
Full Name: _____
Contact Number: _____
Email: _____

Consent
I, the undersigned parent/legal guardian of the above-named participant, give my consent for my child (aged 16–17) to participate in **Siar’s KNOCKOUT Class**, which includes activities such as:
- Boxing technique & padwork
- Strength training (kettlebells, dumbbells, barbells, medicine balls)
- Partner drills and conditioning exercises

Acknowledgment of Risks
I understand and acknowledge that:
- The class involves physical exertion and the use of gym/fitness equipment.
- There is a risk of injury, which may include muscle strains, joint injury, or other accidents.
- Safety instructions will be given by the instructor and must be followed at all times.

Liability Waiver
I agree that Siar’s Boxing Academy, its instructors, and associated gyms are **not liable** for any injuries, accidents, or health issues that may occur during participation, except in cases of negligence.

Medical Condition
I confirm that my child:
- Is physically fit to participate in this class.
- Has no medical conditions that would prevent safe participation.
- If any medical issues arise, I will inform the instructor prior to the class.

Consent to Participate
By signing this form, I confirm:
■ I give permission for my child (aged 16–17) to participate.
■ I understand the risks involved.
■ I release Siar’s Boxing Academy from liability.

Parent/Guardian Signature: _____

Date: _____