

Physical Activity Readiness Questionnaire (PAR-Q)

Child's Name: _____

Date of Birth: _____

Family Doctor Name: _____

Surgery: _____

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered YES to any of the above questions, please consult with your doctor before participating in this program.

Parental Permission Slip and Accident Waiver for Physical Boxing Sparring

I, the undersigned, certify that I am the parent or legal guardian of the participant named above. I hereby give my full consent and permission for my child to participate in the Boxing Summer Camp,

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including physical boxing sparring activities.

I understand that boxing is a physically demanding sport that involves physical contact and carries inherent risks, including but not limited to bruises, strains, sprains, fractures, and other injuries. I acknowledge that my child will be participating in activities that involve physical exertion and possible physical contact with other participants.

Accident Waiver and Release of Liability

In consideration of my child's participation in the Boxing Summer Camp, I hereby agree as follows:

1. I assume all risks associated with my child's participation in the camp and any related activities, including but not limited to physical injury, damage to property, and any other consequences which may arise as a result of participation.
2. I hereby release, waive, discharge, and covenant not to sue the Boxing Evolution LTD organizers, instructors, staff, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releasees or otherwise, while participating in the camp or in any activities incidental thereto.
3. I understand that it is my responsibility to ensure that my child is physically fit and in good health to participate in the Boxing Summer Camp. If I have any doubts about my child's health, I will consult a physician before allowing them to participate.

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4. I agree to indemnify and hold harmless the Boxing Evolution LTD organizers, instructors, staff, and volunteers from any loss, liability, damage, or cost, including court costs and attorney fees, that may incur due to my child's participation in the camp, whether caused by negligence or otherwise.

In the event of an emergency, I authorize the Boxing Summer Camp staff to seek medical treatment for my child. I understand that the camp staff will make every effort to contact me before seeking medical treatment.

Acknowledgment of Understanding

I have read this waiver and release of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Contact Details:

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Phone Number: _____

Email: _____