



Sam Colonna Boxing MMA & Fitness
2600 West 25th Street, 2nd Floor
Chicago, IL 60632

Membership Application

Date: _____

Accepted by: _____

Member Name: _____

Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____ Email address: _____

Birth date/Age: _____/____ Height: _____ Weight: _____ Gender: M or F (circle)

Do you have any medical conditions that may be affected by strenuous activity? Y or N (circle)

If so, please explain: _____

Emergency Contact :

Name/Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of Sam Colonna Boxing MMA & Fitness LLC and use of facilities and equipment, I the Member do hereby waive, release and forever discharge Sam Colonna Boxing MMA & Fitness LLC and its officers, members, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in any activities or my use of equipment and facilities in the above mentioned Club. I do hereby release all those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Sam Colonna Boxing MMA & Fitness LLC or the use of any equipment at Sam Colonna Boxing MMA & Fitness LLC.

I understand and am aware that boxing and martial arts are full contact sports and participation in them is a potentially hazardous activity. I also understand that these activities involve risk of injury or even death, and that I am voluntarily participating in these activities. It has been advised that I should make provisions for coverage of liability within my own insurance policy.

Participant's Name: _____

Participant's Signature: _____

*** If applicant is less than 18 years of age, a parent or legal guardian must read above application and give consent on the signature below.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____