



KICKEMBOX – Participant Disclaimer & Consent (Tick-Box)

Participant Name: _____

Date of Birth (if under 18): _____

Please tick each box to confirm:

- Health & Fitness** I confirm that I (or my child) am fit and well to take part in kickboxing and fitness activities. I have no medical condition or injury that would make participation unsafe, or I have already informed the instructor in writing.
- Medical Responsibility** I understand it is my responsibility to seek medical advice before taking part if I am unsure about my fitness to participate.
- Assumption of Risk** I understand that kickboxing and fitness training involve physical activity and carry a risk of injury. I voluntarily choose to take part and do so at my own risk.
- Liability** I agree that KICKEMBOX will not be held responsible for injury, loss or damage arising from participation, except where caused by proven negligence.
- Instructions & Safety** I agree to follow all instructor guidance, use equipment correctly, and inform the instructor immediately if I feel unwell or injured.
- Photography & Video** (optional) I consent to photographs or video being taken during sessions for promotional or training purposes. (You may opt out by notifying KICKEMBOX in writing.)

Declaration

I confirm that I have read, understood, and agree to the above.

Signature: _____

Date: _____

Parent / Guardian Name (if under 18): _____

Parent / Guardian Signature: _____