# ***FREE*** First Class

Fill out the form below and bring it into any of our Fitness Boxing classes to try it out for free

Fitness Boxing: Mon 6:00pm / Wed 6:30pm / Thu 6:15pm / Sat 10am
No appointment necessary, *please arrive 10-15 minutes before class*
*2929 Spring Grove Ave / Cincinnati / OH / 45225 / 513-429-2766*

**First Name:** _____

**Last Name:** _____

**Email Address:** _____

**How did you hear about CFB?** _____

*(Help us say thanks by telling us who or how you found out about CFB)*

**Date Used**: _____

**Please read and sign below before participating:**

Programs offered by Cincinnati Fitness & Boxing ltd. and its owners and representatives (collectively "CFB") present a risk of personal injury to the participant. By signing below, I am acknowledging my intent to release, waive and discharge CFB from any claim or liability for injury to myself or my child, hereafter occurring at or around CFB from any cause, or liability for injury that results from the active or passive negligence of CFB. Accordingly, I for myself and my child and for my and their successors, personal representatives and assignees, hereby release and waive any claim and causes of action against CFB for personal injury, loss and/or consequential damage to me or my child resulting from future active or passive negligence of CFB. I give my permission to CFB to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for purposes of promoting CFB.

**X** _____ _____ _____

Participant's Signature | Age | Date

**FOR PARENT/GUARDIANS OF PARTICIPANT OF MINOR AGE**
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**X** _____ _____ _____

Participant/Guardian Signature | Date | Emergency Phone Number(s)