EAST TAMPA BOXING

MEMBERSHIP APPLICATION FORM (2026)

2001 E Hillsborough Ave, Tampa, FL 33610 | 813-735-0573
easttampaboxing813@gmail.com | Instagram: east_tampa_boxing

PLEASE RETURN ALL COMPLETED PAGES TO COACH JAMES

Membership Information

☐ Previously a member? Yes ☐ No

Start Date: _____ Gender (optional): _____

Primary Member Information

Full Name: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Email: _____
Home/Cell Phone: _____
Work Phone: _____
Emergency Contact Name: _____
Emergency Contact Number: _____

Family Add-Ons

Family members must reside at the same address as the primary member. Each adult participant must sign the applicable waiver. A parent/natural guardian must complete the minor-participant requirements for each participant under age 18.

#	Full Name	Date of Birth	Age	Participant/Guardian Initials
1				
2				
3				
4				

Enrollment cannot be completed until required waivers and consents are signed. Media consent is optional and is not a condition of membership.

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MEMBERSHIP TERMS & COMMUNICATION PREFERENCES

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Communication Preferences

☐ YES - I authorize East Tampa Boxing to email me about gym events, schedules, programs, promotions, and gym news.

☐ NO - I do not authorize promotional email. I understand operational or legally required membership notices may still be sent where permitted by law.

☐ YES - I authorize East Tampa Boxing and its selected program/marketing partners to contact me about related events or offers.

☐ NO - I do not authorize partner marketing communications.

Membership Fees

Enrollment Fee	$100.00 one-time, non-refundable except where applicable law requires otherwise
Monthly Dues	$100.00
Return Fees	None
Membership Term	Month-to-month until canceled or terminated under this agreement and applicable law

Cancellation and Statutory Rights

Member may cancel by written notice delivered to East Tampa Boxing at the address or email listed on this form. Any nonwaivable cancellation, refund, relocation, disability, death, or other consumer rights provided by applicable Florida law control over conflicting terms in this agreement.

If Florida's health-studio contract laws apply to this membership, the gym will provide and honor the disclosures and cancellation/refund rights required by law. If East Tampa Boxing has a valid statutory exemption, the exemption governs to the extent permitted by law.

General Terms

Gym hours, class schedules, coaches, programs, and equipment may change. Members must follow posted safety rules and coach instructions. Unsafe, abusive, threatening, or seriously disruptive conduct may result in suspension or termination.

East Tampa Boxing is not responsible for ordinary loss, theft, or damage to personal property except to the extent liability cannot lawfully be waived.

Nothing in this agreement waives rights or duties that Florida law does not permit the parties to waive.

Member Acknowledgment

I have reviewed the membership terms and understand that the separate health/risk, liability, minor-participant, and media sections are part of this enrollment packet.

Signature: _____ Date: _____

Printed Name: _____

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HEALTH, FITNESS & EMERGENCY INFORMATION

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Participant Health and Safety Acknowledgment

Boxing and fitness training can be strenuous and may include running, jumping, strength training, bag work, mitt work, partner drills, contact drills, sparring when separately authorized, and other high-intensity activity. These activities can increase heart rate and blood pressure and can result in falls, collisions, strains, sprains, fractures, cuts, dental injury, eye injury, concussion, other head injury, serious illness, permanent disability, or death.

I understand that East Tampa Boxing and its coaches are not medical providers and do not diagnose medical conditions or determine whether I am medically fit to participate. I am responsible for obtaining medical advice or clearance when appropriate and for stopping activity and notifying a coach if I experience concerning symptoms.

Health Information Relevant to Safe Participation

This section is for safety and emergency response. Provide only information you want staff to know. If a physician has restricted your activity, follow that restriction.

☐ YES ☐ NO I have a medical condition, injury, recent surgery, or physical limitation that may affect safe participation.

☐ YES ☐ NO I take medication that staff or emergency responders should know about.

☐ YES ☐ NO I have allergies or a history of severe allergic reaction.

☐ YES ☐ NO I have a history of fainting, seizure, chest pain, unexplained shortness of breath, concussion/head injury, or other condition that may require precautions.

☐ YES ☐ NO A medical professional has advised me to limit or avoid strenuous exercise or contact sports.

Optional details / precautions: _____

_____

Emergency Care Authorization

If I am injured or become ill and I cannot make an informed decision, I authorize East Tampa Boxing personnel to provide reasonable first aid, use an AED if indicated, contact 911, and provide relevant emergency information to responding medical personnel. I understand that East Tampa Boxing does not guarantee the availability or outcome of emergency care and that I am responsible for medical costs charged by third parties.

Injury and Concussion Safety

I agree not to conceal significant symptoms or injuries. I will stop participating and notify a coach after a suspected concussion, loss of consciousness, significant head impact, chest pain, severe shortness of breath, or other potentially serious symptom. Return to contact activity may be conditioned on medical clearance or gym safety rules.

Certification

I have answered this section to the best of my knowledge. I understand that this is not a medical examination or medical advice.

Signature: _____ Date: _____

Printed Name: _____

If participant is under 18, Parent/Natural Guardian Signature: _____ Date: _____

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ADULT ASSUMPTION OF RISK, RELEASE & INDEMNITY (18+)

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READ CAREFULLY - THIS AGREEMENT AFFECTS LEGAL RIGHTS

1. Voluntary Participation and Assumption of Risk

I voluntarily choose to participate in boxing, conditioning, strength training, drills, classes, events, and other activities offered or sponsored by East Tampa Boxing, whether on or off gym premises. I understand these activities have inherent and other risks, including contact with people or equipment, falls, overexertion, equipment failure, and the acts or omissions of other participants. I knowingly and voluntarily assume these risks to the fullest extent permitted by Florida law.

2. Release of Claims - Including Ordinary Negligence

To the fullest extent permitted by Florida law, I release and agree not to sue East Tampa Boxing, Inc., and its directors, officers, owners, employees, coaches, volunteers, agents, landlords, affiliates, sponsors, and event partners (collectively, the "Released Parties") for claims for personal injury, illness, death, or property damage arising from my participation, INCLUDING CLAIMS ALLEGING THE ORDINARY NEGLIGENCE OF A RELEASED PARTY.

This release does not apply to gross negligence, reckless or intentional misconduct, or any claim that Florida law does not permit to be released in advance.

3. Indemnity for My Conduct

To the fullest extent permitted by law, I agree to indemnify and hold the Released Parties harmless from third-party claims, losses, or reasonable costs caused by my own negligent, reckless, intentional, or rule-violating conduct. This indemnity does not require me to indemnify a Released Party for that party's gross negligence or intentional misconduct.

4. Rules, Equipment and Sparring

I will use equipment as instructed, wear required protective gear, follow coach instructions, and immediately report damaged equipment or unsafe conditions. Sparring or other contact activity may require separate coach approval and additional safety requirements.

5. Governing Law and Severability

Florida law governs this agreement. If a provision is held unenforceable, the remaining provisions should be enforced to the maximum extent permitted by law. I understand that I may consult an attorney before signing.

Adult Participant Agreement

I have read this page, understand it, and sign it voluntarily. I understand that I am giving up certain legal rights, including certain claims based on ordinary negligence, to the extent Florida law permits.

Signature: _____ Date: _____

Printed Name: _____

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MINOR PARTICIPANT - PARENT/NATURAL GUARDIAN CONSENT

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IMPORTANT: FLORIDA HAS SPECIAL REQUIREMENTS FOR PRE-INJURY RELEASES SIGNED FOR MINORS.

This page provides parental consent, risk acknowledgment, safety obligations, and emergency authorization. It is not intended by itself to waive a minor child's claims beyond what Florida law permits. Before a minor participates, East Tampa Boxing should use a separate Florida minor-release form that contains the statutory guardian notice required by section 744.301, Florida Statutes, in the required type size and format.

Minor Participant Information

Minor Name: _____ DOB: _____

Parent/Natural Guardian Name: _____

Parent/Natural Guardian Consent and Risk Acknowledgment

I am the minor's parent or natural guardian, or I otherwise have lawful authority to make participation decisions for the minor. I authorize the minor to participate in age-appropriate boxing and fitness activities approved by East Tampa Boxing. I understand that boxing and fitness involve risks of falls, collisions, strains, sprains, fractures, cuts, dental and eye injuries, concussion and other head injury, serious illness, permanent disability, and death.

I will disclose safety-relevant restrictions that I choose to provide, will not knowingly permit the minor to participate contrary to medical advice, and will instruct the minor to follow coach directions and report injuries or symptoms.

Emergency Authorization for Minor

If I cannot be reached in an emergency, I authorize East Tampa Boxing personnel to provide reasonable first aid, use an AED if indicated, contact 911, and provide relevant information to emergency responders. I authorize emergency evaluation and treatment that licensed medical personnel determine reasonably necessary. I am responsible for third-party medical charges to the extent permitted by law.

No Waiver Beyond Florida Law

Nothing on this page releases claims that cannot legally be released. Any separate waiver of a minor child's claims must comply with Florida law, including the special statutory requirements for commercial activity providers.

Signature: _____ Date: _____

Parent/Natural Guardian Printed Name: _____

Minor Participant Signature/Assent (recommended for ages 13-17): _____ Date: _____

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PHOTO, VIDEO & AUDIO RECORDING CONSENT

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MEDIA CONSENT IS OPTIONAL AND IS NOT A CONDITION OF MEMBERSHIP.

Florida generally requires prior consent of all parties before a private oral communication is intentionally intercepted or recorded. This page documents the participant's choices for planned East Tampa Boxing media and audio recording. A "NO" choice must be respected prospectively; it does not require removal of lawful recordings made before consent was withdrawn.

A. Photo and Video Image Consent

☐ YES - I authorize East Tampa Boxing to photograph or video-record my image during classes, training, events, community programs, competitions, and gym activities and to use those images/video for gym websites, social media, fundraising, advertising, educational materials, news/public-relations materials, and program documentation, without compensation.

☐ NO - I do not authorize East Tampa Boxing to intentionally photograph or video-record me for promotional/public use. I understand I may still appear incidentally in wide crowd or event images where individual avoidance is not reasonably practical, subject to applicable law and event rules.

B. Audio / Voice Recording Consent

☐ YES - I give prior consent for East Tampa Boxing to intentionally record my voice or other oral communications when I am knowingly participating in a planned gym recording, interview, testimonial, class recording, event recording, or training-content recording, and to use that recording for the purposes selected below.

☐ NO - I do not consent to intentional audio recording of my private oral communications. East Tampa Boxing should not intentionally record my voice in a private conversation or planned audio segment without obtaining separate consent at that time.

C. Authorized Uses if I Selected YES Above

☐ Internal training / coaching review ☐ Program documentation

☐ Website / social media / marketing ☐ Fundraising / community outreach

☐ Interview / testimonial ☐ Other: _____

D. Duration and Revocation

My consent remains in effect until I revoke it in writing. Revocation applies to future recording and future uses that are reasonably controllable by East Tampa Boxing. I understand that material already published, distributed, archived, or lawfully provided to third parties may not be fully retractable.

Participant Selection and Signature

Participant Name: _____

Signature: _____ Date: _____

Printed Name: _____

If participant is under 18, Parent/Natural Guardian Signature: _____ Date: _____

Minor Assent (recommended ages 13-17): _____ Date: _____

For group recordings involving multiple people, East Tampa Boxing should obtain all required consents and use reasonable procedures to avoid recording participants who have declined audio or promotional media consent.