SHED THAT SPREAD

The Ringside Boxing Gym **CK: 2011 / 09597 / 23** **Member: Tyron Koen**

To enter, complete this entry form and submit along with 50% non-refundable deposit to secure a place. Balance of the payment must be paid no later than 26th August 2026. Email entry form and POP to info@ringsideboxing.co.za. Please use your name as the deposit reference. Please note entries close on the 26th August 2026.

Name & Surname:_____

ID Number:_____ Age:_____ Date of Birth:_____

Tel:_____ Email:_____

Emergency Contact Name & Tel:_____

Medication / Other:_____

**** Ringside Boxing Gym has the right to request permission from your GP to allow you to partake in the Challenge***

Injuries / Other: _____

**** Ringside Boxing Gym has the right to request permission from your GP to allow you to partake in the Challenge***

Alergies:_____

**** Ringside Boxing Gym has the right to request permission from your GP to allow you to partake in the Challenge***

Medical Aid:_____ Medical Aid Membership Number:_____

I have read and acknowledge the rules and Conditions of the SHED-THAT-SPREAD Transformation Challenge as detailed in the email correspondence and volunteer to take part. I declare myself to be physically fit to partake in this challenge and do so entirely at my own risk and have signed and returned together with my waiver disclaim form below.

Name & Surname:_____

Weight Training Class Times: Please choose **2 time ONY fom the below list.** Please note that a maximum of 15 people per class can be accommodated . Therefore, should new times be required, we will add on additional classes. Ringside Boxing Gym Schedule of classes are available on the Facebook page and in your Handbook

PLEASE TICK THE APPROPRIATE BOX

☐ Physique ☐ Physique Online ☐ Body Transformation ☐ Body Transformation Online

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
05h00 - 06h00	☐	05h00 - 06h00	☐	05h00 - 06h00	☐	05h00 - 06h00	☐
07h00 - 08h00	☐	07h00 - 08h00	☐	07h00 - 08h00	☐	07h00 - 08h00	☐
08h00 - 09h00	☐	08h00 - 09h00	☐	08h00 - 09h00	☐	08h00 - 09h00	☐
17h15 - 18h15	☐	17h15 - 18h15	☐	17h15 - 18h15	☐	17h15 - 18h15	☐

Special Conditions
Should the premises at any time during the currency of this agreement be damaged or destroyed or if access is prevented by a vis major, casus fortuitous or any other cause outside of the control of Ringside Boxing Gym cc, the club will continue its obligation in terms of this agreement at an alternative venue or via electronic media.

Signature:_____ Date:_____

SHED THAT SPREAD

The Ringside Boxing Gym CK: 2011 / 09597 / 23 Member: Tyron Koen

WAIVER, RELEASE & ASSUMPTION OF RISK FORM

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

WAIVER, INFORMED CONSENT & CONVENANT NOT TO SUE

I,....., have volunteered to participate in a program of physical exercise under the direction of the Ringside Boxing Gym, it's members and employees, which will include, but may not be limited to weight, resistance, aerobic, anaerobic and / or boxing training, including sparring.

In consideration of The Ringside Boxing Gym, it's members and employees agreement to instruct, assist and train me, I do hereby forever release and discharge and hereby hold harmless The Ringside Boxing Gym, it's members and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with participation in this or any exercise program including injuries resulting there from.

I understand and am aware that strength, flexibility, aerobic, anaerobic and boxing training, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and use of equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition that would prevent my participation or use machinery or equipment. I acknowledge that I have either had a physical examination and have been given doctor's permission to participate, or that I have decided to participate, or that I have decided to participate in activity and use machinery and equipment without the approval of my doctor and do hereby assume all responsibility for my participation or activities, and utilization of machinery and equipment in my activities.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THE WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT I AM WAIVING MY RIGHT, MY SUCCESSORS OR I MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST THE RINGSIDE BOXING GYM, IT'S MEMBERS AND EMPLOYEES.

PARTICIPANTS SIGNATURE:_____

PLEASE PRINT NAME:_____

ID NUMBER:_____ DATE: _____