

REGISTRATION FORM

Jersey Shore Wellness Studio
108 Main Street Suite 7 - Oceanport, NJ
www.jerseyshorewellness.com

Welcome to our Youth Boxing Program! This workshop was designed to give teens an introduction to boxing in a fun and comfortable environment without any pressure or ongoing commitment. It's a great way to explore a new recreation, find a new hobby, and expand their social network.
(Not to mention a great way to manage stress and stay active!)

Participants will learn:

Proper Punching Form
Basic Footwork
Defense Tactics
Combination Execution
Speed Agility & Conditioning Exercises

This program was designed by the owner of the agency, Jenna Romano, who is a Licensed Clinical Social Worker (LCSW), Licensed Clinical Alcohol & Drug Counselor (LCADC), NASM Certified Personal Trainer and NASM MMA Conditioning Specialist.

At Jersey Shore Wellness Studio, we believe in bringing the body and mind into relationship with one another. We also utilize fitness and creative arts as therapeutic measures to treat and heal individuals. While this program is not a "therapy" group, there are many mental health benefits to fitness and topics such as self esteem and self care will be touched upon. Our mission for this program is to use movement as a way for teens to express and empower themselves. Thank you for your support and interest in our program!

****Packages are non-transferrable and non-refundable. Due to the set schedule of the program there are no "make up" dates if sessions are missed by participants.***

FITNESS WAIVER & RELEASE OF LIABILITY

Jersey Shore Wellness Studio

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Jersey Shore Wellness Studio programs, its related events and activities, I, _____ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

PLEASE INITIAL BY EACH PARAGRAPH & SIGN THE BOTTOM:

_____ The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

_____ I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

_____ I willingly agree to comply with the stated and customary terms and conditions for participation; and, I do hereby give my approval for his/her participation in the Jersey Shore Wellness Studio's program and I agree to abide by all the rules and regulations set forth by this organization while my child is participating.

_____ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS JENNA ROMANO and/or JERSEY SHORE WELLNESS STUDIO, their officers, officials, agents and/or employees and contractors, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

_____ In case of injury to my child I hereby release, absolve, indemnify, and hold harmless Jersey Shore Wellness Studio and/or their owners, employees, volunteers, organizers, sponsors, officers, managers, coaches, instructors, and supervisors and agree to waive an and all claims resulting from or in connection with the activities in which my child is participating.

_____ **If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the agency immediately. By consenting to my child's participation I am also confirming that my child does not have any physical limitations or restrictions and does not require a medical release to participate in this program.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____ (Date) _____

Parent/Guardian Name: _____

PHOTO & VIDEO RELEASE
Jersey Shore Wellness Studio

_____ **(Participant Name)**

I hereby grant Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp permission to use my photograph/ video images in any and all publications for Jenna Romano and Kickboxing Bootcamp and Jersey Shore Wellness Studio including social media and web site entries, without payment or any other consideration in perpetuity. I hereby authorize Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp to edit, alter, copy, exhibit, publish or distribute all photos, images and videos. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of on behalf of my estate which may have or may have by reason of this authorization.

Parent/Guardian Signature _____ **(Date)** _____

Parent/Guardian Name: _____

REGISTRATION INFORMATION:

Participant Name:

Date of Birth:

Address:

Cell Phone #:

Email:

Emergency Contact Name:

Emergency Contact Phone Number: