



# M.E.A.N. Girls Empowerment

URBAN AIR HOLIDAY PARTY WAIVER

## Dear Parents/Guardians

We are pleased to inform you about an upcoming boxing clinic for the girls in the Mean Girls Empowerment program. This event, led by Box United, will be held at the South Holland Community Center on October 5th, during our regular program sessions. **Box United**, a 501(c)(3) nonprofit organization, specializes in using boxing to help girls develop leadership skills, boost confidence, and foster a positive body image. Their *Fight Like a Girl* program will focus on non-contact mitt and glove work, aiming to enhance both physical and mental well-being.

### Program Highlights:

- **Focus:** Fundamentals of boxing through non-contact activities
- **Objectives:** Build confidence, relieve stress, and promote positive self-image

### Event Details:

- **Date:** October 5, 2024
- **Location:** South Holland Community Center; 501 E 170th St, South Holland, IL 60473
- **Session Times:**
  - **Elementary:** 11:30 AM - 12:45 PM
  - **High School:** 1:00 PM - 2:15 PM

**IMPORTANT:** Since this activity involves physical exercise, we require a signed parent release form for each participant. Please complete and return the attached release form by \_\_\_\_\_

----- CUT ALONG THIS LINE -----

I am allowing my child, \_\_\_\_\_  
to participate in the boxing class presented by Box United. I acknowledge all the details and information on the permission slip.

**In case of emergency, here are the contact details**

**Phone Number:**

**Email Address:**

**Address:**

## Box United Parental Release Form

- Does your child have any medical conditions/allergies we should be aware of?\*
- YES
- \_\_\_\_\_
- NO
- My child is participating in classes or services during which she will receive information and instruction about boxing and health. I recognize that boxing requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.\*
- YES
- I acknowledge and fully understand that each participant will be engaging in activities that involve risk of injury which might result not only from her own action, inaction or negligence, but also the action, inaction or negligence of others, the rules of play or the condition on the premises or of any equipment used. I release and forever discharge and hold harmless Box United and its successors and assigns from all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my training and volunteer work with Box United\*
- YES
- I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga and boxing. I represent and warrant that my child has no medical condition that would prevent her participation in physical fitness activities.\*
- YES
- I authorize Box United to provide emergency first aid and , if necessary, transport my child to the nearest hospital or emergency care facility and assume all the foregoing risks and accept personal responsibility for any and all loss, liability, damages or cost following such injury.\*
- YES
- In further consideration of my child being permitted to participate in the boxing classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the

leaseholder of the building for injuries or damages that my child may sustain as a result of participating in classes or workshops held with Box United\*

YES

- I acknowledge that if my child participates in other classes or events with Box United that I will also assume full responsibility for any injuries that may result from her participation, with the same considerations that this waiver stipulates for boxing (items 1-5 above).\*

YES

- I grant permission to Box United to use photographs and/or video of my child taken at these events on social media, the website, and other promotional material.\*

YES

I do not grant permission

- I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. Please sign your first name, last name, and date below.\*

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**PARTICIPANT'S SIGNATURE  
OVER PRINTED NAME**

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**PARENT'S SIGNATURE  
OVER PRINTED NAME**

**Date:** \_\_\_\_\_