

**AMATEUR UNARMED COMBATANT MEDICAL WAIVER**

I \_\_\_\_\_, an amateur unarmed combatant, hereby acknowledge that the Medical Advisory Board (MAB) of the Massachusetts State Athletic Commission (MSAC) has determined that a medical evaluation including several specific tests mandated in 523 CMR 6.02, constitute a minimum requirement to discover some potential pre-existing conditions which could result in increased risk of serious permanent injury or death while engaged in unarmed combatant competition.

I have elected **not** to obtain the following tests unless otherwise deemed necessary by an examining physician:

- An electrocardiogram (EKG) within one year of the event (523 CMR 6.02 (2) (b))
- A dilated eye examination within one year of the event (523 CMR 6.02 (2) (d))
- A brain CT or MRI within five years of the event (523 CMR 6.02 (2) (e))

I understand and acknowledge that by not obtaining these tests, I am subjecting myself to an increased risk of serious permanent injury or death while engaged in unarmed combatant competition.

I hereby release MAB, MSAC, the Commonwealth of Massachusetts, its agents, servants and employees from any and all claims and liabilities that may arise out my decision to opt out of the minimum medical tests recommended by the MAB.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date