



# THE COMMONWEALTH OF MASSACHUSETTS

**DIVISION OF PROFESSIONAL LICENSURE**

**STATE ATHLETIC COMMISSION**

1000 WASHINGTON STREET, SUITE 710

BOSTON, MA 02118

## AMATEUR UNARMED COMBATANT MEDICAL WAIVER/INFORMED CONSENT

**INFORMED CONSENT REQUIRED FOR ALL AMATEUR BOXERS IN MASSACHUSETTS IN EXCHANGE FOR WAIVER OF BLOOD TEST OBLIGATION:**

**I UNDERSTAND THAT BY PARTICIPATING IN AMATEUR BOXING BOUTS IN THE STATE OF MASSACHUSETTS, I MAY BE AT RISK OF BECOMING INFECTED WITH A SERIOUS ILLNESS, SUCH AS HEPATITIS, HIV, OR OTHER INFECTIONS, DUE TO MY BEING EXPOSED TO BODILY FLUIDS OR BLEEDING FROM MY OPPONENT.**

**I AGREE TO WEAR HEADGEAR AND FOLLOW ALL OTHER RULES AND REGULATIONS. KNOWING THIS, I AGREE TO PARTICIPATE, AND I AGREE TO HOLD HARMLESS ANY AND ALL RINGSIDE OFFICIALS, INCLUDING RINGSIDE DOCTORS, REPRESENTATIVES, EMPLOYEES, SERVANTS AND AGENTS OF THE MASSACHUSETTS STATE ATHLETIC COMMISSION.**

**SIGNED BY PARTICIPANT IF 18 OR OLDER, OTHERWISE SIGNED BY PARENT OR LEGAL GUARDIAN.**

\_\_\_\_\_  
(PRINT AND SIGN)  
PARTICIPANT'S NAME

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
(PRINT AND SIGN)  
PARENT/ GUARDIAN

\_\_\_\_\_  
DATE: