



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

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:

