

Amateur Boxing Competition Waiver Form

Participant Information

Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Contact Name

Relationship

Phone Number

Medical Information

Relevant Medical Conditions

Allergies

Waiver and Release of Liability

I understand and acknowledge that boxing is a physical sport that includes inherent risks of injury. By signing below, I agree to release and hold harmless the event organizers, sponsors, officials, and all related parties from any and all liability related to my participation in the competition.

Participant Signature

Date

If under 18, Parent/Guardian Consent

Parent/Guardian Signature

Date