

# Amateur Boxing Match Waiver

I, , hereby acknowledge that I am voluntarily participating in an amateur boxing match organized by on the date of .

## Assumption of Risk

I understand and acknowledge that boxing is a dangerous physical activity that may result in serious injury or death. I voluntarily assume all risks associated with participation in this boxing match, including, but not limited to, falls, contact with other participants, and effects of weather, traffic, and course conditions.

## Release of Liability

In consideration of being allowed to participate, I hereby release and hold harmless the organizers, sponsors, officials, volunteers, staff, and any associated entities or individuals from any and all liability for injuries, damages, or losses I may incur resulting from my participation in this amateur boxing event.

## Medical Consent

I certify that I am physically fit and sufficiently trained for participation in this boxing match. If necessary, I authorize medical care for myself in case of injury or illness during the event.

## Participant Information

Full Name:

Date of Birth:

Address:

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Participant Signature

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Date

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Parent/Guardian Signature  
(if under 18)

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Date