Medical Waiver/Informed Consent to Compete with Breast Implants

I understand that by participating in amateur boxing with breast implants, I may be at risk of damaging or causing trauma to the implants and/or breast tissue.

I agree to hold harmless any and all ringside officials, including ringside physicians, representatives, employees, servants, and agents of USA Boxing with regard to any issues or injuries due to my breast implants.

Boxers competing with breast implants will not be covered under the USA Boxing insurance program for damage to the implants, replacement of same or injury occurring from such damage.

This waiver must be signed and attached to the boxer's passbook.

Athlete/Boxer: _____

_____	_____	_____
Print Name	Signature	Date

Parent or Legal Guardian Approval (if boxer is under the age of 18):

_____	_____	_____
Print Name	Signature	Date