

United States Amateur Boxing, Inc.

One Olympic Plaza, Colorado Springs, CO 80909
Phone: 719.866.4506; FAX: 719.632.3426



Treatment Release Form

Local Boxing Committee _____

Date of Competition _____

Name of Event _____

Place of Event _____

Sanction Number _____ Bout Number # _____ Ring # _____

Name of Athlete Refusing Treatment _____

This is to certify that I, the undersigned, do hereby assume any and all responsibility in refusing the recommended treatment from Ringside Physician _____
(Physician's Name)

I have been informed of the attendant risk and possible consequences which may ensue by this refusal, and forever release the United States Amateur Boxing, Inc. (USA Boxing), or the officers, sub-committees, agents, representatives and assigns of any entities involved in hosting or sponsoring the above named event, of any and all responsibility.

Witness _____ Athlete _____

Parent/Guardian _____ Coach/Trainer _____

Athlete, _____, has refused recommended treatment and further refuses to execute the foregoing release from. (Fill in date and time blow)

Name: _____ Title: _____ Date: _____ Time: _____

Copies must be distributed to:

USA Boxing
Local Boxing Committee President
Ringside Physician
Sanction Holder
Others at LBC President's discretion