



## Medical Waiver/Informed Consent to Compete with Dental Braces

I understand that by participating in amateur boxing while wearing dental braces, and/or dental appliances, I may be at risk of damaging the braces or greater risk of causing trauma to my teeth, gums, and oral structures.

I agree to wear a dentist-molded mouthpiece while boxing and waive the right to dental coverage under the USA Boxing insurance program. I agree to hold harmless any and all ringside officials, including ringside doctors, representatives, employees, servants, and agents of USA Boxing with regard to any issues or injuries caused by my braces.

**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