# Alabama Golden Gloves State Championships
## Official Entry and Release Form

Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone _____ Weight _____ Sex M / F

Team _____ Registration # _____

Division (select one) Novice _____ #Of Bouts _____

(18 - 41 years)

Open _____ # Of Bouts _____

(18 - 41 years)

In consideration of you accepting this entry, I hereby, for myself, me heirs, executors, and administrator assigns, waive a release any and all right to any claim for damages I may or might have against the Golden Gloves Association or it's officers, subcommittees, agents, representatives, and assigns for any injury suffered by me during my participation in the Alabama Golden Gloves State Championships or arising from traveling to and returning from said tournament.

I agree to abide by the rules of the committee. I fully understand that I assume all responsibility for any injury that I may incur in these boxing bouts.

I understand and agree that medical or other services rendered to me by or at the instance of any of the named parties is not as admission of liability to provide or continue to provide and such services and is not a waiver by any of said parties of any right or rights hereunder.

I certify that I have no injuries to my hands neither fractures nor broken bones within he three months preceding the date of the entry form and know of no other injuries that I have sustained which my reoccur in this tournament.

In addition, I understand and appreciate that participation in sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume all risk associated with competing in a boxing match, including, but not limited to, any medical treatment received by me as a result of my participation as a boxer. In consideration or the medical treatment being available. I myself, my heirs, executors, and administrators, waive and forever release any and all rights and claims for damages I may have against any physician and medical personnel, even though liability may arise out of negligence or carelessness for the person or persons named in this waiver. I acknowledge that I have read and fully understand my waiver and release of liability.

Participant Signature _____ Date _____

Parent or Guardian if Under 18 _____ Date _____

Boxer's Coach _____ Date _____

### Authorization for Another to Consent to Treatment of Minor

As parent or legal guardian of _____, I hereby authorize and give consent for any emergency medical, surgical, or dental treatment for my child (listed above), should it be deemed advisable by a qualified medical doctor or dentist.

_____, (Coach) or other responsible adult escort is authorized to act for my child (listed above) should a medical or dental emergency arise while participating in the Alabama Golden Gloves State Championships. I understand that this is to avoid undue delay and assure prompt attention or treatment and that only a licensed and qualified medical doctor or dentist will be engaged for such an emergency. During this period, the parent or legal guardian of the above named minor can be reached as follows:

Name _____ Phone _____

Additional Contact(s) _____ Phone _____