

MEDICAL INFORMATION RELEASE

AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS (ABC)

I hereby authorize the (NAME OF COMMISSION) to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions (ABC) any and all of my medical records obtained by the (NAME OF COMMISSION) concerning my licensure as a boxer or MMA contestant including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a boxer or MMA contestant (including history, findings, diagnosis and prognosis).

I understand, and it is agreed, that the signing of this Medical Information Release is optional, and that my declining to sign this document will not result in any adverse action being taken against me by the (NAME OF COMMISSION) or any of the member commissions affiliated with the ABC.

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the ABC determining my eligibility to participate in a boxing or MMA contest.

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed, and is relevant to all medical records described herein whether such records were created prior to, or subsequent to, the date the authorization is signed.

PRINTED NAME OF BOXER OR MMA CONTESTANT

BOXER'S FEDERAL I.D. # OR
MMA CONTESTANT'S NATIONAL I.D. #

SIGNATURE OF BOXER OR MMA CONTESTANT

DATE SIGNED

(NAME OF COMMISSION) REPRESENTATIVE

DATE SIGNED