



Waiver declaration for boxing with orthodontist braces fitted

I (Insert name)..... have braces fitted to my teeth.

I fully understand that boxing may damage the braces and my teeth.

Despite this I would still like to participate in boxing on (Insert date).....

at (insert venue).....

Signed.....

Boxers name.....

Parent/Guardian consent is required for boxers under the age of 18

Signed.....

Parent/Guardian name