

**INCORPORATED CLUBS
IRISH AMATEUR BOXING ASSOCIATION LTD**

&

[_____]

(enter club name)

MEMBERS ACKNOWLEDGEMENT

Please read carefully before signing:

I declare and acknowledge that I am a member of the [_____] (hereinafter the “Club”) and of the Irish Amateur Boxing Association (hereinafter the “IABA”).

1. I acknowledge and understand that Boxing (and all associated training exercise) is a physical contact sport and carries with it potential for injury. I hereby agree to voluntarily assume the risks of participating in boxing (and all associated training exercise) in consideration of becoming a member.
2. I declare that as a member I will not participate in boxing unless I have been certified as physically fit to do so by a Doctor and that I will train sufficiently for participation in Boxing. The certificate / note / medical record is attached hereto.
3. I agree to abide by the Rules adopted by the IABA, including any Safety Rules as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of any Safety Rules.
4. I acknowledge that my statements are being accepted by the Club/IABA in consideration for allowing me to become a member and are being relied upon by them and the administrators of competitive events and training exercises in permitting me to participate.

THIS DOES NOT INTERFERE WITH ANY RIGHTS ARISING UNDER THE CONSTITUTION OR STATUTE

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT'S CONTENTS.

OR I HEREBY AFFIRM THAT I AM THE PARENT / GUARDIAN OF A MEMBER WHO IS UNDER 18 AND I HAVE READ THE DOCUMENT, FULLY UNDERSTOOD SAME, AND SIGN BELOW ON BEHALF OF THAT MEMBER.

MEMBER

PRINT NAME _____ SIGNATURE _____

DATE OF BIRTH _____ ADDRESS _____

(PLEASE PRINT CLEARLY AND NOTE ALL FIELDS MUST BE COMPLETED)

PARENT / GUARDIAN

PRINT NAME _____ SIGNATURE _____

DATE _____