

REGISTRATION FORM

IABF Registration No; _____ Team Name _____ PHOTO

Last Name: _____ First Name _____

S/o, Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Role of Participant: Athlete * Team Manager * Coach * Doctor * Observer

I. REGISTRATION

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the PBL. The IABF PBL are hosted and organized by the Shashwat Bharat Info Solutions Private Limited, hereafter collectively referred to as the "Organizing Committee".

II. SUBMISSION TO IABF REGULATIONS AND THE JURISDICTION OF THE CAS

In consideration of the Organizing Committee accepting my application, I agree to abide by and follow all Regulations and Rules established by IABF
I understand that any dispute, controversy or claim arising out of, or in connection with the PBL and not resolved after the exhaustion of the legal remedies set forth by IABF, my Team shall be exclusively submitted to the Court of Arbitration for Sport (CAS), New Delhi, in accordance with IABF Regulations and Constitution, except for "field-of-play" decisions, which cannot be subject to any appeal to CAS. Recourses to State Courts are expressly prohibited.

III. WAIVER OF LIABILITIES

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the PBL. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the PBL. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

IV. IMAGE RIGHTS

I agree that my performance, attendance, and participation at the PBL may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee to use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard there of as well as any future rights to the aforementioned.

V. DATA PROTECTION

I acknowledge that the Organizing Committee, and any third parties contracted by them, may collect, store, process, use and disclose to third parties any personal information including, but not limited to my name, date of birth, contact details, image, historical and statistical data related to my affiliation, as well as to my participation, in any capacity, in these PBL, to the extent necessary or helpful to the organisation of the event. The Organizing Committee may create and update my personal data in any other way in which I have provided or will provide my express consent or as may be required by law. I am aware that I can ask to have access to any of my personal data and that I am entitled to request their rectification to correspond to the truth. I have been duly informed and understand that the Organizing Committee may disclose personal information to third parties where such disclosures are required by law, informational purposes or deemed otherwise necessary. I am also entitled to object and refuse at any time the processing of my personal data, as described above, by written and signed communication sent to IABF, bearing in mind that such refusal may affect my participation in IABF competitions. I can request that all my personal data collected by the Organizing Committee be erased, notably if and when such personal information is no longer relevant.

VI. OTHER FORMS

As a condition of my participation in the PBL, I have taken due note, and I agree to sign the following mandatory forms exhibited on this application form:

- (A) Anti doping consent form (Boxers)
- (B) Medical certificate (Boxers)
- (C) Declaration of Non-Pregnancy
- (D) Code of Conduct (All participants)
- (E) Declaration of Fit to Box (Boxers)

Anyone willing to record the bouts for technical purposes only will be required to fill in the following additional form:

- (E) Technical video recording agreement (One per team)

I have read and fully understand this form and its exhibits, including the arbitration clause and waivers listed above. (Signature of Parent or Legal Guardian is required if the participant is under 18)

Date:

Venue:

Signature



IABF PRO BOXING LEAGUE
JULY 6-10, 2026 AT TALKATORA
INDOOR STADIUM, NEW DELHI

DECLARATION OF NON-PREGNANCY

IABF Registration No; _____ Team Name _____

Ms. Last Name: _____ First Name _____

Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

I, declare that I am not pregnant. I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IABF (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Association) and the Competition Venue owners for such injury or damage.

Date: _____

Place: _____

Signature of the Boxer _____



IABF PRO BOXING LEAGUE
JULY 6-10, 2026 AT TALKATORA
INDOOR STADIUM, NEW DELHI

ANTI-DOPING CONSENT FORM

IABF Registration No; _____ Team Name _____

Mr./Ms. Last Name: _____ First Name _____

S/o/Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

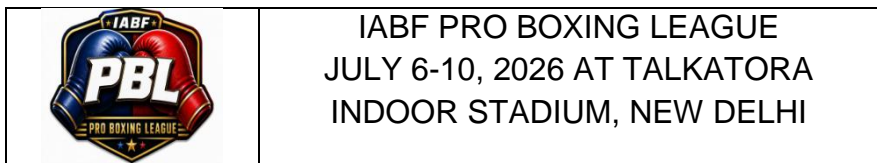
I hereby declare as follows: I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of NADA Anti Doping Rules (as amended from time to time) and the International Standards issued by the World Anti Doping Agency and published on its website. I acknowledge the authority of NADA [IABF] under the NADA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with, the IABF Anti-Doping Rules. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the NADA Anti-Doping Rules, after exhaustion of the process expressly provided for in the NADA Anti Doping Rules, may be appealed exclusively as provided in Article of the NADA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of National Level Athletes is the Court of Arbitration for Sport (CAS). I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration. _____

Date Print Name (Last Name, First Name) _____

Date of Birth (Day/Month/Year)

Signature (If minor, signature legal guardian)



DECLARATION OF FIT TO BOX FORM

IABF Registration No; _____ Team Name _____

Mr./Ms. Last Name: _____ First Name _____

S/o/Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

ANSWER ALL QUESTIONS

Have you ever been admitted to Hospital? Yes No

Have you had medical treatment for anything in the last 3 months? Yes No

Have you suffered from any of the following?

Any eye disorders or operations (including laser eye surgery)? Yes No

Any broken bones or cuts needing treatment in the previous 6 months? Yes No

Epilepsy or any other type of fit, faint, convulsion or black-out? Yes No

How are you today?

Are you taking any medication now? Yes No

Do you presently have a cough, cold or runny nose? Yes No

Have you been unwell in the last month? Yes No

When did you last box?

Were you injured at that time?

After your last bout, were you medically suspended for any reason? Yes No

Do you understand the sport-specific medical risks of boxing? Yes No

Do you wish to box today? Yes No

WOMEN ONLY – can you confirm you are not pregnant? No Yes

Date: _____ Place: _____ Signature of the Boxer _____

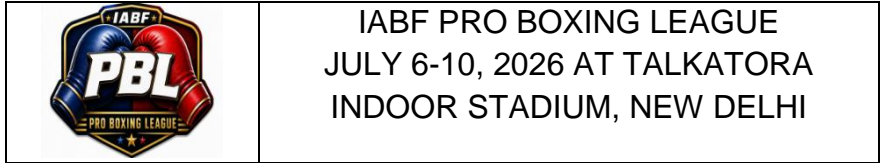
| | |
|---------------------------------------|----------------------|
| DOCTOR'S EXAMINATION NOTES | General: |
| Hands: | |
| ENT (incl. gum shield fit etc): | Eyes: |
| CONFIRMED FIT TO BOX: YES / NO | Date/Time of Medical |

Doctor's Signature:

Name:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:



TECHNICAL VIDEO RECORDING AGREEMENT

IABF Registration No; _____ Team Name _____

Mr./Ms. Last Name: _____ First Name _____

S/o/Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

I, on behalf of the Team of _____, acknowledge that IABF has granted the right to record the bouts of the PBL IN NEW DELHI to our nominated delegation members from a dedicated area for technical purposes only. I confirm that all members of the delegation will be advised and acknowledge that any persons recording bouts from other areas of the stadium may be removed and may have their accreditation rescinded. I understand that the use of these recordings for commercial use and / or for broadcasting on social media networks is strictly prohibited, and I acknowledge that disciplinary and/or legal action may be taken against individuals and/or Team who do so.

Signed: _____ Title (i.e. Team Manager, Coach, etc.): _____

Team: _____

Date:

Venue: