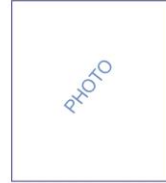




INDIAN AMATEUR BOXING FEDERATION
Declaration of Non-Pregnancy
Form



Date: _____

Place: _____

Name of Competition: _____

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 Unit) and the Competition Venue owners for such injury or damage.

[Signature of one of the Parents / Legal Guardian

Acknowledged by