



# LOUISIANA STATE BOXING AND WRESTLING COMMISSION

## RELEASE TO COMPETE WITH BREAST IMPLANTS

Professional boxing and mixed technique fighters who wish to compete with breast implants are required to have included in their files this completed Release to Compete With Breast Implants form. This form requires the written approval of their implanting plastic surgeon, their primary care provider and, if applicable, parent and/or guardian if under 18 years of age, on an annual basis. Fighters competing with breast implants, by their signature herein, fully understand the risks of damage to the implants, replacement of same or injuries that can occur from such damage when participating in contests in the State of Louisiana and releases promoters of events and this commission from liability for any damages that may arise from such participation.

I understand the above rule and give my permission for \_\_\_\_\_ to compete in  
(Fighter's Name)  
professional boxing or mixed technique events.

### ***Implanting Plastic Surgeon Approval:***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State License Number

### ***Primary Care Physician Approval:***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State License Number

### ***Parent or Legal Guardian (if fighter is a minor) Approval:***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***Fighter:***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date