

## Pregnancy Consent Form

Boxer's name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

I hereby voluntarily submit a urine sample and authorize a representative from the North Carolina Boxing and Combat Sports Commission to test the sample for human chorionic gonadotropin (hCG) for early pregnancy detection. The test will be run in my presence if so choose, and I hereby consent to the results of said test being released to the North Carolina Boxing and Combat Sports Commission, for determination of my eligibility to participate in the boxing event tonight. I understand that the failure to supply a urine sample, refusing to submit a test, tampering with the sample or falsifying and information obtained in connection with this test will result in an immediate disqualification. I also understand that if the analysis of this urine sample results in a confirmed positive test result I have the option of either withdrawing from competition tonight without penalty until such time as I have been able to visit my primary care physician, or I can request that a second test be run at that time, using the same sample. If the second test results from the sample are positive, I understand I will not be allowed to participate in the event tonight. If it is negative I am aware that a third test will be run from the already supplied sample, as a determining factor. If this third test is positive I will not be permitted to fight, if it is negative I understand I still retain the right to refuse to fight at no penalty to my manager or myself. If two of the test results are positive, I understand the North Carolina Boxing and Combat Sports Commission will suspend me until such time as I bring evidence from a physician of a negative pregnancy test. I agree to hold the North Carolina Boxing and Combat Sports Commission, its agents, directors, officers and employees harmless from any liability in connection with the pregnancy test conducted. I have noted any perceived irregularities in the collection procedures in the space provided.

ANY PERCEIVED IRREGULARITIES IN THE COLLECTION PROCEDURES MUST BE NOTED BELOW ALONG WITH RESULTS:

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Signature of Boxer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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Signature of Doctor \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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Signature of Boxing Commission Representative \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_