

**MEDICAL INFORMATION RELEASE**

State Form 54474 (10-10)

INDIANA GAMING COMMISSION

**AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS
AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS ("ABC")**

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions any and all of my medical records obtained by the Commission concerning my licensure as a boxer or unarmed competitor, including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a boxer or unarmed competitor (including history, findings, diagnosis and prognosis).

I understand that signing this Medical Information Release is optional, and that declining to sign this document will not result in any adverse action being taken against me by the Commission or any of the member commissions affiliated with the ABC.

I understand that the medical records described herein will not be released for any purpose other than a member commission affiliated with the ABC determining my eligibility to participate in a boxing or unarmed combat event.

I understand that this authorization may be revoked at any time upon written notice to the Commission, except to the extent that action has been taken in reliance on this consent. In the event it is not revoked, I understand that this authorization shall remain in effect for a period of one (1) year from the date it is signed, and is relevant to all medical records described herein, whether such records were created prior or subsequent to the date the authorization is signed.

SIGNATURES

Name of boxer or unarmed competitor (<i>please print</i>)		Boxer/unarmed competitor's Federal/National ID number	
Signature of boxer or unarmed competitor		Date (<i>month, day, year</i>)	
Address of boxer or unarmed competitor (<i>number and street, city, state, and ZIP code</i>)			
Signature of Commission representative		Date (<i>month, day, year</i>)	