**No objection Certificate**

To,

The Boxing Coaches,

Boxing in Shadow Sports Fitness Club,

Vijayawada.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and C/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give our full permission and consent for me to join at the Boxing in Shadow Sports Fitness Club with the coach and in-charges i.e. Hemanth Reddy N and Abhilash G. We understand the risks associated with boxing and acknowledge that the training sessions will take all necessary safety precautions to ensure my well-being during training and competitions.

We also declare that we will not hold the coaches or their representatives responsible for any injuries or accidents that may occur during my participation in boxing activities. We fully release and discharge from any liability, claims, or demands arising out of my participation in boxing.

We also certify that I have undergone a medical check-up and that I am physically fit to participate in boxing activities. We agree to abide by the coaching rules and regulations, and any violations may result in the termination of my training and participation.

We hereby provide this no objection certificate as proof of our consent to allow me to participate in boxing activities under your supervision.

Sincerely,

[Student's Signature] [Parent/Guardian Sign]  
Ph. Ph.