

BOXER'S OFFICIAL ENTRY FORM

(MUST BE COMPLETED BY EACH BOXER BEFORE COMPETITION)

Name _____ LBC _____ Region # _____ Weight Class _____
 Address _____ SSN# _____
 Street City State/ZIP
 Phone () _____ Passbook Validation # _____ Birthdate _____

WAIVER/WARNING/DISCLAIMER

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEI
 EXECUTORS, ADMINISTRATORS AND ASSIGNS WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CL
 FOR DAMAGES I MAY OR MIGHT HAVE AGAINST UNITED STATES AMATEUR BOXING (USA BOXING),
 SANCTIONING LOCAL BOXING COMMITTEES OF USA BOXING AND ALL SPONSORS AND VENUE OWNE
 OR THE OFFICERS, SUB-COMMITTEES, AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTIT
 FOR ANY INJURY OR DAMAGE SUFFERED BY ME, WHETHER ARISING FROM THE NEGLIGENCE OF
 RELEASEES OR OTHERWISE, DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING
 AND/OR RETURNING FROM THE BELOW LISTED BOXING EVENTS.

I AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. IF I OBSERVE A
 UNUSUAL, SIGNIFICANT VIOLATIONS OR HAZARDS DURING MY PRESENCE OR PARTICIPATION, I W
 REMOVE MYSELF FROM PARTICIPATION AND BRING SUCH TO THE ATTENTION OF THE NEAREST OFFIC
 IMMEDIATELY. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY OR DAMA
 THAT I MAY INCUR IN THESE BOXING BOUTS. I UNDERSTAND AND AGREE THAT MEDICAL OR OT
 SERVICES RENDERED TO ME BY OR AT THE INSISTENCE OF ANY OF THE NAMED PARTIES IS NOT
 ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY SUCH SERVICES AND IS NO
 WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER.

I CERTIFY THAT I HAVE NO INJURIES TO MY HANDS, NEITHER FRACTURES NOR BROKEN BON
 WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM, AND KNOW OF NO OT
 INJURIES TO THE HEAD, CONCUSSION, FAINTING SPELLS, AND WILL NOTIFY BOXING OFFIC
 IMMEDIATELY SHOULD ANY OF THESE INJURIES AND CONDITIONS BE EXPERIENCED IN THE FUTUR

IN ADDITION, I ALSO UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN SPORT CARRIES A R
 TO ME OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH. I VOLUNTARILY A
 KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK.

(FEMALE BOXERS ONLY) I FURTHER CERTIFY THAT I AM NOT PREGNANT, OR HAVE ANY PAIN
 PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGI
 BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECON
 AMENORRHEA), RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY I
 PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFIC
 RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION.

Signed _____ Date ____/____/____
 Participant's Full Name

Signed _____ Date ____/____/____
 Parent(s) or Guardian(s)

Signed _____ Date ____/____/____
 Boxer's Coach (or other Witness)

Signed in the Presence of _____ Date ____/____/____
 LBC President/Registration Chair or Sanction Holder

*REQUIRED IF ENTRANT IS UNDER LEGAL AGE (18 YEARS)