



**United States Amateur Boxing, Inc.**  
**Athlete Membership Application**  
**and Waiver and Release of Liability, Assumption of Risk**  
**& Parental Consent & Indemnity Agreement**

- New
- Renewal
- Duplicate
- Transfer

Validation Label

Application Date \_\_\_\_\_ Date Received by LBC \_\_\_\_\_ Initials \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ U.S. Citizen:  Yes  No

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ If not a citizen are you a  
 Permanent Resident  Yes  No

Email: \_\_\_\_\_ Club Name/Number: \_\_\_\_\_ Birth Country \_\_\_\_\_

(Ethnicity: Optional) for demographic purposes only. Please select that which best describes your ethnic origin:  
 American Indian/Alaskan Native  Asian American  Black/African American  Hispanic/Latino  
 Mexican American  Native Hawaiian/ or other Pacific Islander  Puerto Rican  White or Caucasian  
 Other (specify \_\_\_\_\_)

Have you ever competed professionally in MMA, ultimate fighting, toughman, wildman or similar competition?  Yes  No  
 Have you competed in any amateur combat sports?  Yes  No If so, what sport? \_\_\_\_\_ Won: \_\_\_\_\_ Lost: \_\_\_\_\_

**HEALTH AFFIDAVIT**

**ALL BOXERS:** I certify that I have had no injuries to my hands, neither fractures nor broken bones, which exist now or occurred within three months preceding the date of the Athlete Membership Application form, and know of no injuries to the head, concussion, fainting spells or headaches. I will notify my coach, trainer, or other Local Boxing Officials immediately should any of these injuries or conditions be experienced in the future. I further agree that if I do experience any of the aforementioned conditions or injuries. I will immediately cease training, sparring and competing as an amateur boxer until such conditions or injuries no longer exist

**X** \_\_\_\_\_  
 Signature of Applicant Date \_\_\_\_\_

**X** \_\_\_\_\_  
 Signature of Parent/Guardian if participant is under 18 Date \_\_\_\_\_

**FEMALE BOXERS ONLY:** I certify that I am not pregnant, or have any painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (Etiology), recent loss of menstrual period (Secondary amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants (breast implant release available), and have read section 101.9(4) of the USA Boxing's Official Rules pertaining to my present physical condition. I further agree that I will immediately notify my coach, trainer, or other Local Boxing Officials if any of the above described conditions should develop and/or apply

\_\_\_\_\_  
 Signature of Applicant Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian if participant is under 18 Date \_\_\_\_\_

**WAIVER AND RELEASE, ASSUMPTION OF RISK AND PARENTAL CONSENT & INDEMNITY AGREEMENT ("WAIVER AND RELEASE")**

**IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN ANY WAY IN ANY UNITED STATES AMATEUR BOXING, INC. ACTIVITIES, I AGREE:**

- I understand the nature of United States Amateur Boxing, Inc. activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- I FULLY UNDERSTAND that: (a) United States Amateur Boxing, Inc. activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my participation in these activities.
- I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the United States Amateur Boxing, Inc. its clubs and LBCs, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.
- IT IS HEREBY AGREED THAT in the event of a dispute between the undersigned (or another person acting on the undersigned's behalf) and United States Amateur Boxing, Inc. or any of the other Releasees, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be in the STATE COURT OF EL PASO COUNTY, STATE OF COLORADO.
- GOVERNING LAW: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by COLORADO LAW.
- SEVERABILITY: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document has been executed with the invalid provision eliminated.

**X** \_\_\_\_\_  
 Signature of Applicant Date \_\_\_\_\_

**CONSENT AND RELEASE OF PARENT OR GUARDIAN**

I am the parent or guardian of the child applying for Membership. My child is fit for participation in United States Amateur Boxing, Inc. activities, and I consent to my child's participation. **I HAVE READ AND UNDERSTAND THE MEMBERSHIP APPLICATION AND WAIVER AND RELEASE.** In consideration of allowing my child to participate, I consent to it and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD, my heirs, legal representative, and assignees. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my child may allege against the Releasees (including reasonable attorney's fees or costs) as a direct or indirect result of injury to me or my child because of my child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my child regarding any claim arising from my child's participation in any United States Amateur Boxing, Inc. activities

**X** \_\_\_\_\_  
 Signature of Parent/Guardian if participant is under 18 Date \_\_\_\_\_