



**UNITED STATES AMATEUR BOXING  
OFFICIAL NON-ATHLETE ENTRY FORM**

2010 Under-19 National Championships

Sanctioned by United States Amateur Boxing

Name \_\_\_\_\_ LBC # \_\_\_\_\_

Region # \_\_\_\_\_ Boxing Club \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Validation # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check one: \_\_\_\_\_ Official \_\_\_\_\_ Coach \_\_\_\_\_ Other (If other, what capacity?) \_\_\_\_\_

**WAIVER/WARNING**

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTERS, ADMINISTRATORS AND ASSIGNS WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CLAIM FOR DAMAGES I MAY OR MIGHT HAVE AGAINST UNITED STATES AMATEUR BOXING (USA BOXING), ANY SANCTIONING LOCAL BOXING COMMITTEES OF USA BOXING AND ALL SPONSORS AND VENUE OWNERS, OR THE OFFICERS, SUB-COMMITTEES, AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURY OR DAMAGE SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE 2010 USA BOXING UNDER 19 NATIONAL CHAMPIONSHIPS.

I AGREE TO ABIDE BY THE RULES OF USA BOXING. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY OR DAMAGE THAT I MAY INCUR IN THIS BOXING COMPETITION. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSTANCE OF ANY OF THE NAMED PARTIES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY SUCH SERVICES AND IS NOT A WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER.

I CERTIFY THAT I HAVE NO INJURIES OR HEALTH CONDITIONS THAT PREVENT ME FROM PARTICIPATING IN ANY CAPACITY WHICH USA BOXING RECOGNIZES AS A NON-ATHLETE REGISTRANT IN ITS OFFICIAL RULES AND CONSTITUTION AND BY-LAWS.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_