

SOUTH TEXAS LBC 43 J.O. CHAMPIONSHIPS



Boxer's Name: _____

Address: _____ City: _____ Zip: _____

USA Boxing Registration: # _____ Phone :() _____

Coach: _____ Club: _____

Weight: _____ Male: __ Female: __

Circle Division:	Bantam	Junior	Intermediate	Senior
	8-9-10yr	11-12yr	13-14yr	15-16yr

D.O.B. / / Age: (As of Aug 1, 2010)

WAIVER AND RELEASE OF LIABILITY/WARNING

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, 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 COMMITTEE OF USA BOXING AND ALL SPONSORS AND VENUE OWNERS, OR THE OFFICERS, SUBCOMMITTEES AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURYS, INCLUDING SICKNESS AND DISEASE OR DAMAGES SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE BELOW LISTED TOURNAMENTS. I FURTHER AGREE THAT IN THE EVENT OF A DISPUTE BETWEEN THE UNDERSIGNED (OR ANOTHER PERSON ACTING ON THE UNDERSIGNED BEHALF) AND UNITED STATES AMATEUR BOXING, INC. OR ANY OF THE OTHER RELEASEE'S THE EXCLUSIVE VENUE AND JUDICICTION FOR ANY LAWSUIT ARISING OUT OF SUCH DISPUTE SHALL BE IN THE STATE COURT OF EL PASO COUNTY, STATE OF COLORADO. ADDITIONALLY, IT IS AGREED THAT 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.

**The USA Boxing Local J.O. Championship Tournament at Kingsville, Texas Date: 04-16-10 thru 04-18-10
**The USA Boxing Regional J.O. Championship Tournament at El Paso, Texas Date: 05-07-10 thru 05-09-10
The USA Boxing National J.O. Championship Tournament at TBA Date: 06-14-10 thru 06-19-10****

I AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY, INCLUDING SICKNESS AND DISEASE OR DAMAGE THAT I MAY INCUR IN THESE BOXING BOUTS. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSISTANCE OF ANY OF THE NAMED PARTIES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY SERVICES AND NOT A WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER. I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, NEITHER INJURIES NOR BROKEN BONES, WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM, AND KNOW OF NO OTHER INJURIES TO THE HEAD, CONCUSSION, FAINTING SPELLS, AND WILL NOTIFY BOXING OFFICIALS IMMEDIATELY SHOULD ANY OF THESE INJURIES AND CONDITIONS BE EXPERIENCED IN THE FUTURE. IN ADDITION, I ALSO UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN THE SPORT OF BOXING CARRIES A RISK TO ME OF SERIOUS INJURY, INCLUDING SICKNESS AND DISEASE, INCLUDING PERMANENT PARALYSIS OR DEATH; I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK. IF ANY PROVISIONS OF THIS DOCUMENT IS DETERMINED TO BE INVALID FOR ANY REASON, SUCH AND 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 HAD BEEN EXECUTED WITH THE INVALID PROVISION ELIMINATED.

Signed _____ Date _____
Participant's Full Name

*Signed _____ Date _____

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

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