



**UNITED STATES AMATEUR BOXING, INC.  
NON-ATHLETE MEMBERSHIP APPLICATION**

New Member: ☐

Renewing: ☐

Validation Label		Application Date	Date received by LBC
Name: _____		Date of Birth _____	Gender (M/F): _____
Last Name	First Name	Middle Initial	
Address: _____			
Street	City	State	Zip
( _____ )	( _____ )		
Home Phone	Work Phone	Email Address	
Club Affiliation: _____		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: _____		<input type="checkbox"/> Permanent Resident?	
		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 \_\_\_\_\_ )

**TYPE OF MEMBERSHIP**

Referee.....	_____	Paid Coach .....	_____
Judge.....	_____	Clerk/Inspector.....	_____
Timer.....	_____	Individual/Sustaining Member.....	_____
AIBA Master Official (fee is waived) ...	_____	Life Member .....	_____
Physician (MD or DO-fee is waived)....	_____	Former Olympic Boxer/World Champion (Fee is Waived)	_____
Volunteer Coach .....	_____	Past President (Fee is waived for National .....	_____
		Presidents only)	

Signature: (Local Boxing Committee Officer or Designee)

**WAIVER AND RELEASE AND ASSUMPTION OF RISK**

**IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN A NON-ATHLETE CAPACITY, I AGREE:**

1. 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.
2. **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.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** 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.**
4. **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.**
5. **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.**
6. **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.

Signature of Applicant  
USABox/009 (9/08)

Date