

2014 Ringside Masters Championships Entry Form



_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (please print)	Age (a/o 3/20/14)	Date of Birth	Male	Female
_____	_____	_____	_____	_____
Street	City	State/Province	Postal Code	
_____	_____	_____	_____	_____
Weight	Total Master Bouts	Total Other Bouts	Mobile Phone (REQUIRED)	Alternate Phone
_____	_____	_____	_____	_____
USA or International Boxing Registration Number	Coach's Name	Coach's Phone		
_____	_____	_____		
Email (REQUIRED)				

IMPORTANT: PLEASE READ AND INITIAL EACH ITEM

- _____ I am between the ages of 35 and 40 and have elected to box as a Master. I fully realize I may not box as an elite after making this election. (If you are over 40, you are automatically a master boxer!)
- _____ The "Total Master Bouts" and "Total Other Bouts" fields include all Master division bouts and all other bouts competed during my lifetime.
- _____ I acknowledge I must provide my own masters-approved headgear (includes official masters-approved stamp); and no other headgear is acceptable. (Gloves provided at the gloving table.)
- _____ I acknowledge I must complete the current medical requirements and obtained all required signatures on physician forms and/or in my passbook.
- _____ *As a U.S. master boxer*, I acknowledge I must have a current USA Boxing registration and passbook in order to compete and I will obtain the passbook in advance of the tournament.
- _____ *As an international master boxer*, I acknowledge I must have a current dated international passbook.

Signature of Master Boxer

Date

If you select "Submit" after filling out this form, your entry will be automatically be emailed to Ringside and your registration fee can be mailed to the address noted below.

If you select "Print" the Entry Form can be faxed to 913.888.4274 or, mailed to the address noted below.

Registration fee is \$100 if by Entry Form is received by 3/5/14.

Checks (payable to Ringside Promotions) and hard copy Entry Forms should be mailed to:

Ringside Masters World Championships • 15850 W 108 Street • Lenexa, KS 66219-1340

Questions? Email: events@combatbrands.com

PLEASE READ AND SIGN THE WAIVER BELOW

2014 Ringside Masters World Championships Waiver

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I hereby freely agree to and make the following contractual representations, covenants and agreements TO AND FOR THE BENEFIT OF UNITED STATES

AMATEUR BOXING (USA BOXING), ANY SANCTIONING LOCAL BOXING COMMITTEE OF USA BOXING AND ALL PROMOTERS, SPONSORS AND VENUE OWNER AND THEIR RESPECTIVE AGENTS, OFFICERS, EMPLOYEES, MEMBERS AND AFFILIATES (COLLECTIVELY, RELEASEES).

I acknowledge that boxing is an inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for the competition, and FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, THE RELEASEES' OWN NEGLIGENCE, and the possibility of serious physical and/or mental trauma, injury, PERMANENT PARALYSIS OR DEATH associated with boxing competition. I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, whether FRACTURES, BROKEN BONES or otherwise, WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM and the Events, AND have NO INJURIES TO THE HEAD, CONCUSSION, head aces or FAINTING SPELLS, AND SHOULD I experience ANY OF THESE INJURIES AND CONDITIONS IN THE FUTURE I WILL IMMEDIATELY NOTIFY the OFFICIALS of the Events and cease all participation in the Events. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, Successors) I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND covenant NOT TO SUE the Releases FROM ANY and all rights and CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the Events, or travel to or return from the Events.

I agree it is my sole responsibility to be familiar with the facilitates for the Events, the Releasees' rules, and any special regulations for the Events. I understand and agree that situations may arise during the Events, which may be beyond the immediate control of Releasees. I accept responsibility for the condition and adequacy of my competition equipment and physical condition. I assume all responsibility and liability for the selection of the equipment I use in the Events and with my ability and physical condition to participate in the Events. I understand that drug testing may be conducted for athletes registered for the Events and that the use of substances prohibited by Releasees rules would make me subject to sanctions including, but not limited to, disqualification and suspension.

I agree to be subject to drug testing if selected, and its sanctions if I fail to comply with the testing or am found positive for the use of a banned substance. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSISTENCE OF ANY OF THE Releasees IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE such SERVICES AND IS NOT A WAIVER BY ANY OF Releasees OF ANY RIGHT OR benefit HEREUNDER. I agree, for myself and my Successors, that of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending. This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification my representations are contractually binding, and are not mere recitals, and that should I or my Successors assert any claim in contravention of any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

FEMALE BOXERS: I Further 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, AND I Have Read Section 101.9(4) Of USA Boxing's Official Rules Pertaining To My Present Physical Condition.

I have read, understand, and accept the terms and conditions stated in the waiver above. Registration is contingent upon your agreement with this waiver.* In order to be registered, you must agree to the waiver by checking the 'I Agree' checkbox and signing below.

Master Boxer Signature

Date