

**US AMATEUR BOXING
OFFICIAL ENTRY FORM**

**Rip City Fall Classic Boxing Tournament
Sanctioned by Oregon Amateur Boxing Association Inc.**

NAME _____ **LBC** _____ **CLUB** _____ **Weight Class** _____

ADDRESS _____ **Age/ Division** _____ **Novice** ___ **Open** ___
Street City State / Zip

PHONE# () _____ **Passbook Validation #** _____ **Birth date** _____ **M** ___ **F** ___

WAIVER / WARNING / DISCLAIMER

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all right to any claim for damages I may have against the US 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 below listed boxing events.

Rip City Fall Classic Tournament, 5325 N Williams Ave. Portland OR 97217

I agree to abide by the rules of US Amateur Boxing. I fully understand that I assume all responsibility for any injury 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 insistence 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 to my hands, neither fractures 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 sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk

(FEMALE BOXERS ONLY)

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 have read section 101.9 of USA Boxing's official rules pertaining to my present physical condition.

Signed: _____ **Date:** _____
Participant's Full Name

Signed: _____ **Date:** _____
Spouse

****Signed:** _____ **Date:** _____
Parent (s) or Guardian (s)

Signed: _____ **Date:** _____
Boxer's Coach (or other witness)

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