

MUST BE COMPLETED BY EACH BOXER BEFORE COMPETITION

2015 Southern Golden Gloves –Official Male Athlete's Entry Form



OPEN Division
Between
Age 17 & 34
Entry Form

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 rights to any claim for damages I may or might have against United States Amateur Boxing (USA Boxing), Golden Gloves Charities, Inc., the City of Knoxville, Golden Gloves of America, Inc., 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, whether arising from the negligence of the releasees or otherwise, during my participation in and/or arising from traveling to and/or returning from the below listed boxing events.

Regional Tournament: 2015 Southern Golden Gloves Tournament of Champions- March 12, 13, 14, 2015 in Knoxville, TN

I agree to abide by the rules of United States Amateur Boxing. If I observe any unusual significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 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 or serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize accept and assume this risk.

BOXING TEAM Represented:

Weight Class you will box in this Tournament: _____ lb. (108-114-123-132-141-152-165-178-201- +201)

Boxer's Name **(Print)** (*First, Initial, Last*) _____

USA Passbook Validation # _____ U.S. Citizen: ____ Yes ____ No *(Must be U.S. Citizen to box in the OPEN division.)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Phone: () _____ Cell: () _____

E-Mail: _____

Coach's Name (PRINT) _____ Phone # () _____

Athlete's Signature: _____ Date: _____

→ **CONSENT & RELEASE of PARENT / GUARDIAN REQUIRED IF ENTRANT IS UNDER 18 YEARS OF AGE** ←

I am the parent or guardian of the above athlete registrant (child). My child is mentally and physically fit for the events, and I consent to my child's participation. I have read and understand the above entry form and release agreement. In consideration of allowing my child to participate, I consent to it and agree that the above terms shall likewise bind me, my child, my heirs, legal representatives, and assignees. I hereby release and shall defend, indemnify and hold harmless and covenant not to sue the releasees from or as to every claim & any liability that I or my child may allege against the releasees (including reasonable attorney's fees or costs) as direct or indirect result of injury or death to me or my child because of my child's participation in the events, whether caused by the negligence of the releasees or others.

Parent / Guardian's Signature: _____ Date: _____