

**South Dakota Athletic Commission**

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**APPLICATION FOR EXEMPTION FOR AMATEUR ORGANIZATION OR EDUCATIONAL INSTITUTION**

Instructions:

- 1) Open this form in an Adobe reader to complete, print, sign, and mail. Changes made in your internet browser will not save. You can also print the form, fill out legibly and mail.
- 2) A Completed Application must be submitted to the Athletic Commission.
- 3) A fee of \$100 must accompany the Application.

Name of Applicant Organization		Contact Name for Organization	
Business Street Address or PO Box		Email Address	
City	State	Zip Code	Phone
State Where Organization is Incorporated		Registered Agent in South Dakota ( <i>if applicable</i> )	
Year of Organization's Incorporation		Organization's Website	
Please provide a brief history of your organization's history with boxing, kickboxing or mixed martial arts competitors and/or events:			

**Acknowledgment of Responsibilities**

The Applicant acknowledges the following statements by initialing the appropriate answer to each statement.

- 1.) The Applicant acknowledges it has rules that provide for the exclusion of professionals from its competitions.  
 YES                      NO
- 2.) The Applicant acknowledges it has rules that provide for the exclusion of contestants under the age of eighteen from its competitions, or alternatively, applies stricter medical safeguards and requirements for all contestants under the age of eighteen.  
 YES                      NO
- 3.) The Applicant acknowledges it has rules that provide for the medical safety and care of its contestants. At a minimum, the proposed nationally recognized sanctioning body has policies and procedures that:
  - a) Require continuous presence of an ambulance staffed with emergency medical personnel or paramedics at all events;

- b) Assure that bouts do not unreasonably endanger the health of competitors by requiring pre-bout physical examinations completed by a licensed medical doctor or doctor of osteopathy and excluding the medically unfit from competition;
- c) Require the attendance of a medical doctor or doctor of osteopathy at ringside during the entire event;
- d) Restrict the type of blows that can be delivered and limit the time and frequency of bouts, and such other conditions recommended by medical advisors;
- e) Assure that it is illegal to strike with the elbows or knee in all instances of the contest;
- f) Assure that payment for necessary emergency care for injuries sustained in a contest in sanctioned events is available by purchasing insurance for events or requiring proof that contestants are medically insured; and
- g) Assure that all medical deductibles are the responsibility of the promoter.

YES NO

4.) The Applicant acknowledges the proposed amateur sanctioning body or educational institution has rules that provide for cooperation with the Commission that includes:

- a) The prompt investigation and resolution of complaints from contestants, interested persons, and the Commission;
- b) Advanced notification to the Commission upon approval of contests occurring in South Dakota;
- c) Admission of Commission officials without charge to any contest and any portion of the venue;
- d) A policy to self-report to the Commission any violation of the body or institution’s rules arising out of a contest in South Dakota;
- e) A policy requiring all contestants, officials, and the body or institution itself to appear at reasonable times before the Commission and truthfully answer any lawful inquiry of the Commission;
- f) Sharing the disposition of complaints with the Commission, upon request; and
- g) a system of review that assures the body or institution fairly applies its rules.

YES NO

5.) The Applicant acknowledges it has rules that require the identification of the sanctioning body or educational institution on all advertisements for contests held in South Dakota, at the site of any South Dakota contest, and upon all programs or handbills distributed at any South Dakota Contest.

YES NO

*BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PERSON COMPLETING THIS APPLICATION AND THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF MYSELF OR THE ENTITY LISTED AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF AN EXEMPTION ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. FURTHERMORE, I ACKNOWLEDGE THAT ALL OWNERS, PARTNERS AND/OR SHAREHOLDERS IN THE ENTITY MAKING APPLICATION HAVE READ AND UNDERSTAND THAT SAID OWNERS, PARTNERS AND/OR SHAREHOLDERS ARE RESPONSIBLE FOR COMPLIANCE WITH SDCL CHAPTER 42-12 AND ARSD ARTICLE 20:81 AND AGREE TO ABIDE BY ALL SAID RESPONSIBILITIES AND REQUIREMENTS AS MAY APPLY. All OWNERS, PARTNERS AND/OR SHAREHOLDERS IN THE ENTITY FURTHER AGREE TO HOLD THE SOUTH DAKOTA ATHLETIC COMMISSION HARMLESS FOR ANY INJURY OR DEATH THAT MAY OCCUR AS A RESULT OF HOLDING COMPETITIONS IN SOUTH DAKOTA AND ACKNOWLEDGE LIABILITY FOR SUCH OCCURRENCES AT SAID COMPETITIONS.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Commission Use Only**

\_\_\_\_\_ Fee Received    \_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_ Date of Action