

South Dakota Athletic Commission

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Email: SDAC@midwestsolutionssd.com dlr.sd.gov/bdcomm/athletic

BOXER/KICKBOXER/MIXED MARTIAL ARTIST REGISTRATION APPLICATION

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 and \$50 fee must be submitted with application. (Cash or check only)
- 3) Acceptable photo identification must accompany the Application.
- 4) A Completed Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment by the Applicant must be submitted with the Application.
- 5) Verification of a physical within the previous 12 months from a licensed physician must be submitted with application.
- 6) Verification of a dilated eye exam within the previous 12 months from a licensed optometrist or ophthalmologist must be submitted with application.
- 7) Proof the applicant has been tested in the previous 6 months and is negative for HIV, Hepatitis B and Hepatitis C must be submitted with application.
- 8) Verification of a Federal Identification Number.

Legal Name		Professional/Stage Name		
Address		City	State	Zip Code
Phone	Date of Birth	Social Security Number	Federal ID Number	
Height	Weight	Weight/Division		
Eye Color	Hair Color	Distinguishing Marks		
Name of Emergency Contact		Emergency Contact Phone Number		

Please provide answers to the following questions. If indicated, please provide the appropriate follow up information or documentation.

1. Are you currently licensed or registered to compete in any other jurisdictions (state or tribal)?
 Yes No
 If yes, list state(s) and/or jurisdiction(s): _____

2. Have you ever been denied a license or registration to compete by any other jurisdiction (state or tribal)?
 Yes No
 If yes, list state(s) and/or jurisdiction(s): _____

3. Do you have any type of medical insurance? If yes, list state(s) and/or jurisdiction(s): _____
 If yes, please provide the Carrier name and telephone number: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND
CONSENT TO MEDICAL TREATMENT**

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in:

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name

Date of Birth

Address

Signature

Date