

WAIVER/WARNING/DISCLAIMER- TWO PAGES

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), ANY SANCTIONING LOCAL BOXING COMMITTEES OF USA BOXING, TKO SPORTS GEAR INCORPORATED 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 2004 WOMEN'S GOLDEN GLOVES TOURNAMENT.

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.

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.

I FURTHER CERTIFY THAT I AM NOT PREGNANT OR HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OR UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMNEORRHEA), RECENT BREAST BLEEDING OR RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION (SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES INCORPORATED IN THIS DISCLAIMER BY REFERENCE).

*(continued)*

I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER, OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY AND WILL IMMEDIATELY DISQUALIFY MYSELF AND CEASE PARTICIPATION IN THE ABOVE EVENT.

**PREGNANCY TESTING WAIVER**

I UNDERSTAND THAT A PREGNANCY TEST MAY BE CONDUCTED BY GOLDEN GLOVES OFFICIALS ON A FORMAL BASIS FOR THE 2004 WOMEN'S GOLDEN GLOVES TOURNAMENT AND THAT A POSITIVE TEST RESULT WOULD MAKE ME SUBJECT TO DISQUALIFICATION FROM THIS EVENT.

**UNITED STATES AMATEUR BOXING, INC.  
OFFICIAL DRUG TESTING NOTIFICATION**

I UNDERSTAND THAT DRUG TESTING MAY BE CONDUCTED ON A FORMAL BASIS FOR THE 2004 WOMEN'S GOLDEN GLOVES TOURNAMENT AND THAT THE DETECTION OR USE OF BANNED SUBSTANCES (ON THE IOC/USOC LIST OR INCLUDED IN USA BOXING'S OFFICIAL RULES) WOULD MAKE ME SUBJECT TO DISQUALIFICATION FROM THESE AND ANY REMAINING ADVANCEMENT IN THESE EVENTS AS WELL AS ELIGIBILITY FOR USA BOXING AND USOC EVENTS AND ACTIVITIES FOR A MINIMUM PERIOD IMPOSED BY USA BOXING'S NATIONAL BOARD OF REVIEW, WHICH INCLUDE THOSE SUGGESTED/RECOMMENDED BY THE IOC/USOC DOPING/DRUG CONTROL PROGRAMS.

I UNDERSTAND THAT MY REFUSAL TO PARTICIPATE IN THE DRUG TESTING PROGRAM SUBJECTS ME TO THE SAME PENALTIES. I ALSO UNDERSTAND THAT IF FOUND POSITIVE FOR A BANNED SUBSTANCE, I WILL BE ADVISED OF MY RIGHTS OF APPEAL UNDER USA BOXING'S OFFICIAL RULES, ARTICLE XXII, HEARINGS AND APPEALS. BY REGISTERING FOR THESE COMPETITIONS, I AM CONSENTING TO BE SUBJECT TO THE DRUG TESTS AND ITS PENALTIES IF FOUND POSITIVE FOR A BANNED SUBSTANCE. I KNOW AND UNDERSTAND THAT I MAY CONTACT A PHYSICIAN MEMBER OF THE SPORTS MEDICINE COMMITTEE OF USA BOXING OR CALL THE USOC'S DRUG HOTLINE, 1-800-233-0393, TO SATISFY ANY QUESTION(S) OR CONCERN(S) THAT I MAY HAVE ABOUT MEDICATIONS, BANNED SUBSTANCES AND PRACTICES.

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Athlete Date

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Parent(s) or Guardian(s) if Athlete is under 18 years of age Date

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Coach Date