

2nd Annual Title National Championships Non-Athlete Form

Name_____Registration#_____

Address_____City_____State_____

Phone_____Email_____

Check One: Official_____ Coach_____

**OFFICIALS AND COACHES MUST PRESENT PROOF
OF UP-TO-DATE REGISTRATION AND
CERTIFICATION!**

In consideration of your accepting this Entry, I hereby, for myself, my heirs, executors, administrators, and assigns waive and releases any and all rights to claim for damages I may or might have against United States Amateur Boxing (USA BOXING), TITLE Boxing Inc., and all sanctioning local boxing committee of USA Boxing and all sponsors and venue owners, for any injury or damages suffered by me, during my participation in The 2nd Annual Title National Boxing Championship Tournament.

Signed_____Date_____