

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ATHLETIC COMMISSION

1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Fax: 866.425.3032 dlr.sd.gov/athleticcommission

REGISTRATION APPLICATION FOR SECONDS

INSTRUCTIONS

1. A completed Application and \$25 fee must be submitted with application. (Cash or check only)
2. 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.

Competition Type(s):			
<input type="checkbox"/> Boxing Competitions	<input type="checkbox"/> Kickboxing Competitions	<input type="checkbox"/> Mixed Martial Arts Competitions	
Name		Date of Birth	
Street Address or PO Box		E-mail Address	
City	State	Zip Code	Telephone Number
Licenses and Registrations in Other Jurisdictions			
Other States or Jurisdictions where licensed or registered to perform similar duties:			
Have you been disciplined, fined or had a license/ registration revoked, suspended or disciplined by any athletic commission or similar entity or been denied a license or registration for any reason by any athletic commission or similar entity? <i>(If yes, please provide an explanation.)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PERSON COMPLETING THIS APPLICATION 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 A REGISTRATION ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. FURTHERMORE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH SDCL CHAPTER 42-12 AND ARSD ARTICLE 20:81 IN THE ROLE(S) I AM SEEKING REGISTRATION FOR AND AM AWARE OF ALL SAID RESPONSIBILITIES AND REQUIREMENTS AND AGREE TO ABIDE BY ALL SAID RESPONSIBILITIES AND REQUIREMENTS. I FURTHER AGREE TO HOLD THE SOUTH DAKOTA ATHLETIC COMMISSION HARMLESS FOR ANY INJURY OR DEATH THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN ANY COMPETITION.

Signature of Applicant

____/____/____
Date

FOR COMMISSION USE ONLY			
Fee Received _____	Check: _____	Cash: _____	Date _____
Waiver Received _____	Date _____		

**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 ____/____/____