

**Meeting Notice**  
**SOUTH DAKOTA ATHLETIC COMMISSION**  
Via Teleconference  
February 1, 2019 12:00 p.m. CST

*Proposed Agenda*

- A. Call to Order
- B. Approval of the Agenda
- C. Open Forum: 5 minutes for the public to address the Commission
- D. Approval of Meeting Minutes of October 26, 2018
- E. Financial Report as of December 31, 2018
- F. Old Business
  - 1) Contestant Application Form
- G. New Business
  - 1) Request for MMA Event by Legacy Fighting Alliance - April 26, 2019 (Sioux Falls)
  - 2) Request for Boxing Event by Red Weasel Productions - May 11, 2019 (Spearfish)
  - 3) Request for MMA Event by Knockout Events – June 1, 2019 (Huron)
- H. Other Business
- I. Announcements
- J. Next Meeting: April 26, 2019 (Sioux Falls)
- K. Adjourn

**Meeting Notice**  
**SOUTH DAKOTA ATHLETIC COMMISSION**

The South Dakota Athletic Commission will hold a meeting on Friday, February 1, 2019, beginning at 12:00 p.m. (CST). The meeting will be held via teleconference.

Individuals who wish to participate in the meeting via teleconference should contact the Commission's office at [SDAC@midwestsolutionssd.com](mailto:SDAC@midwestsolutionssd.com) or 605.224.1721 to obtain dial-in information.

Questions about the meeting may be directed to Jennifer Stalley, Executive Secretary, at 605.224.1721 or [SDAC@midwestsolutionssd.com](mailto:SDAC@midwestsolutionssd.com).

**Meeting Minutes**  
**SOUTH DAKOTA ATHLETIC COMMISSION**  
Via Teleconference  
October 26, 2018 11:00 a.m. CDT

Chairman Lohff called the meeting to order at 11:01 am. Stalley called the roll. A quorum was present.

**Members Present via Telephone:** Lee Lohff, Mike Kilmer, Richard Little, Margaret Gillespie and Verle Valentine

**Members Absent:** none

**Others Present via Telephone:** Jennifer Stalley, executive secretary, Amber Mulder, Department of Labor Legal Counsel, Lisa Harsma, administrative assistant, and Bruce Hoyer

Kilmer made a motion to approve the agenda. Little seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little, Gillespie and Valentine voted aye. **MOTION PASSED.**

Lohff asked for any public comments. Bruce Hoyer addressed the Commission with suggestions regarding scoring for mixed martial arts events. The Commission directed Stalley to work with Hoyer to gather more information on the areas discussed.

Kilmer made a motion to approve the August 17, 2018 11:00 am meeting minutes. Valentine seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little, Gillespie and Valentine voted aye. **MOTION PASSED.**

Kilmer made a motion to approve the August 17, 2018 3:00 pm meeting minutes. Valentine seconded the motion. The Commission voted by roll call. Lohff, Kilmer and Valentine voted aye. Gillespie and Little abstained. **MOTION PASSED.**

Kilmer made a motion to approve the September 30, 2018 financial report. Gillespie seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little, Gillespie and Valentine voted aye. **MOTION PASSED.**

Stalley provided the Commission with an update on MMA Event 2018-006, MMA Event 2018-007, MMA Event 2018-008, and MMA Event 2018-009.

Stalley provided the Commission with additional information on the event fee structures of other states. The Commission determined no further review on the issue was needed at this time.

Gillespie made a motion to move into executive session pursuant to SDCL 1-25-2(3) for purposes of consulting with legal counsel on proposed or pending litigation at 11:34 am. Kilmer seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little, Gillespie and Valentine voted aye. **MOTION PASSED.**

Lohff declared the Commission out of executive session at 11:42 am.

Kilmer made a motion to authorize the executive secretary to submit bad debts of the Commission to the State Obligation and Recovery Center pursuant to the Memorandum of Understanding between the Department of Labor and Regulation and the State Obligation and Recovery Center. Little seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little and Valentine voted aye. Gillespie was absent. **MOTION PASSED.**

Kilmer made a motion to remove the medical information section and notary requirement from the contestant license application. Little seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little and Valentine voted aye. Gillespie was absent. **MOTION PASSED.**

The Commission asked Stalley and Valentine to work on updates to the pre and post-fight physical form for consideration at a future meeting.

Little made a motion to approve the application of South Dakota USA Boxing to be recognized as an exempt amateur organization in 2019 on the condition that South Dakota USA Boxing report all results and injuries to the Commission within 30 days after each event. Valentine seconded the motion. Lohff, Little and Valentine voted aye. Kilmer abstained. Gillespie was absent. **MOTION PASSED.**

Lohff made a motion to select Kilmer as chairman, Lohff as vice chairman, and Little as secretary as Commission officers. Valentine seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little and Valentine voted aye. Gillespie was absent. **MOTION PASSED.**

Lohff made a motion to adopt the 2019 meeting schedule for the Commission as January 18, 2019, April 5, 2019, August 16, 2019 and October 25, 2019. Little seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little and Valentine voted aye. Gillespie was absent. **MOTION PASSED.**

Lohff made a motion to adjourn. Little seconded the motion. The Commission voted by roll call. Lohff, Kilmer, Little and Valentine voted aye. Gillespie was absent. **MOTION PASSED.**

The meeting adjourned at 12:03 pm.

Respectfully Submitted,

---

Richard Little, Secretary

AGENCY: 10 LABOR & REGULATION  
BUDGET UNIT: 1039 SOUTH DAKOTA ATHLETIC COMMISSION

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	1039000887	1140000	155,799.54	DR	BOXING COMMISSION FUND
COMPANY/SOURCE TOTAL 6503 887			155,799.54	DR *	
COMP/BUDG UNIT TOTAL 6503 1039			155,799.54	DR **	
BUDGET UNIT TOTAL 1039			155,799.54	DR ***	

AGENCY 10 LABOR & REGULATION  
BUDGET UNIT 1039 SOUTH DAKOTA ATHLETIC COMMISSION

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO 6503					
COMPANY NAME PROFESSIONAL & LICENSING BOARDS					
1039000887	6503	4299080	EVENT FEE	.00	19,485.70
1039000887	6503	4299081	CONTESTANT REGIST FEE	.00	2,325.00
1039000887	6503	4299082	JUDGE REGISTRATION FEE	.00	200.00
1039000887	6503	4299083	REFEREE REGISTRATION FEE	.00	100.00
1039000887	6503	4299084	SECOND REGISTRATION FEE	.00	1,750.00
1039000887	6503	4299087	AMATEUR EXEMPTION FEE	.00	100.00
ACCT: 4299			OTHER LIC, PRMITS, & FEES (NON-GOVERNMENTAL)	.00	23,960.70 *
ACCT: 42			LICENSES, PERMITS & FEES	.00	23,960.70 **
1039000887	6503	4920045	NONOPERATING REVENUES	.00	1,842.36
ACCT: 4920			NONOPERATING REVENUE	.00	1,842.36 *
ACCT: 49			OTHER REVENUE	.00	1,842.36 **
CNTR: 1039000887				.00	25,803.06 ***
COMP: 6503				.00	25,803.06 ****
B UNIT: 1039				.00	25,803.06 *****

AVAILABLE FUNDS  
AS OF: 12/31/2018  
FY YEAR REMAINING: 49.9%  
PAY DAYS REMAINING: 12

BUDGET UNIT 1039

DATE 12/29/2018

SOUTH DAKOTA ATHLETIC COMMISSION

COMP	ORIGINAL APPROPRIATION	APPROPRIATION TRANSFERS	YEAR-TO-DATE COMMITMENTS	YEAR-TO-DATE ENCUMBRANCES	YEAR-TO-DATE EXPENDITURES	AVAILABLE APPROPRIATIONS	CASH BALANCE
6503-I	58,065.00	0.00	0.00	33,180.54	26,309.84	1,425.38-	155,799.54
BUDGETED TOT	58,065.00	0.00	0.00	33,180.54	26,309.84	1,425.38-	
ALL COMP TOT	58,065.00	0.00	0.00	33,180.54	26,309.84	1,425.38-	

TOTAL BUDGETED:

OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES	EXPENDITURES YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101 EMPLOYEE SALARIES	9,205.00	0.00	0.00	0.00	2,077.08	7,127.92	77.4
5102 EMPLOYEE BENEFITS	1,474.00	0.00	0.00	0.00	273.35	1,200.65	81.5
5203 TRAVEL	3,600.00	0.00	0.00	0.00	1,923.18	1,676.82	46.6
5204 CONTRACTUAL SVCS	42,686.00	0.00	33,180.54	1,373.18	21,901.71	12,396.25-	0.0
5205 SUPPLIES & MATRLS	1,100.00	0.00	0.00	0.00	134.52	965.48	87.8
TOTALS	58,065.00	0.00	33,180.54	1,373.18	26,309.84	1,425.38-	0.0

BREAKOUT BY COMPANY:

COMPANY 6503-I PROFESSIONAL & LICENSING BOARDS

OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES	EXPENDITURES YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101000 EMPLOYEE SALARIES	9,205.00	0.00	0.00	0.00	2,077.08	7,127.92	77.4
5102000 EMPLOYEE BENEFITS	1,474.00	0.00	0.00	0.00	273.35	1,200.65	81.5
5203000 TRAVEL	3,600.00	0.00	0.00	0.00	1,923.18	1,676.82	46.6
5204000 CONTRACTUAL SVCS	42,686.00	0.00	33,180.54	1,373.18	21,901.71	12,396.25-	0.0
5205000 SUPPLIES & MATRLS	1,100.00	0.00	0.00	0.00	134.52	965.48	87.8
PS SUBTOTALS	10,679.00	0.00	0.00	0.00	2,350.43	8,328.57	78.0
OE SUBTOTALS	47,386.00	0.00	33,180.54	1,373.18	23,959.41	9,753.95-	0.0
COMPANY 6503-I TOT	58,065.00	0.00	33,180.54	1,373.18	26,309.84	1,425.38-	0.0

STATE OF SOUTH DAKOTA  
MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT  
FOR PERIOD ENDING: 12/31/2018

AGENCY 10 LABOR & REGULATION  
BUDGET UNIT 1039 SOUTH DAKOTA ATHLETIC COMMISSION  
CENTER-5 10390 SD ATHLETIC COMMISSION

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO	6503				
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS				
1039000887	6503	51010100	F-T EMP SAL & WAGES	.00	637.08
1039000887	6503	51010300	BOARD & COMM MBR FEES	.00	1,440.00
ACCT: 5101		EMPLOYEE SALARIES			*
1039000887	6503	51020100	OASI-EMPLOYER'S SHARE	.00	2,077.08
1039000887	6503	51020200	RETIREMENT-ER SHARE	.00	162.30
1039000887	6503	51020600	HEALTH/LIFE INS.-ER SHARE	.00	38.21
1039000887	6503	51020800	WORKER'S COMPENSATION	.00	71.65
1039000887	6503	51020900	UNEMPLOYMENT COMPENSATION	.00	1.01
ACCT: 5102		EMPLOYEE BENEFITS			*
ACCT: 51		PERSONAL SERVICES			**
1039000887	6503	52030300	AUTO-PRIV (IN-ST.) H/RTE	.00	1,108.38
1039000887	6503	52031000	LODGING/IN-STATE	.00	480.80
1039000887	6503	52031400	TAXABLE MEALS/IN-STATE	.00	56.00
1039000887	6503	52031500	NON-TAXABLE MEALS/IN-ST	.00	278.00
ACCT: 5203		TRAVEL			*
1039000887	6503	52040900	MANAGEMENT CONSULTANT	1,212.81	1,923.18
1039000887	6503	52042000	CENTRAL SERVICES	.00	21,096.23
1039000887	6503	52045300	TELECOMMUNICATIONS SRVCS	160.37	556.04
1039000887	6503	52049600	OTHER CONTRACTUAL SERVICE	.00	186.19
ACCT: 5204		CONTRACTUAL SERVICES			*
1039000887	6503	52050280	OFFICE SUPPLIES	1,373.18	21,901.71
1039000887	6503	52053100	PRINTING-STATE	.00	47.98
1039000887	6503	52053500	POSTAGE	.00	39.50
ACCT: 5205		SUPPLIES & MATERIALS			*
1039000887	6503	5228000	OPER TRANS OUT -NON BUDGT	.00	134.52
ACCT: 5228		NONOP EXP/NONEGTD OP TR			*
ACCT: 52		OPERATING EXPENSES			**
COMP: 6503		PROFESSIONAL & LICENSING BOARDS			***
CENTER: 1039000887					***
B UNIT: 1039					*****



## Boxer/Kickboxer/Mixed Martial Artist Registration Application

**Instructions:**

- 1) A completed Application and \$50 fee must be submitted with application. (Cash or check only)
- 2) Acceptable photo identification must accompany the Application.
- 3) 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.
- 4) Verification of a physical within the previous 12 months from a licensed physician must be submitted with application.
- 5) Verification of a dilated eye exam within the previous 12 months from a licensed optometrist or ophthalmologist must be submitted with application.
- 6) 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.
- 7) Verification of a Federal Identification Number.

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

**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?  
 Yes     No

If yes, please provide the Carrier name and telephone number \_\_\_\_\_

Name of Manager	Name of Trainer	Name of Club where you train
Overall Record as a Professional		Overall Record as an Amateur
Date of Last Fight	Location of Last Fight	Result of Last Fight

### Medical and Information Release Authorization

I authorize the South Dakota Athletic Commission to release any medical information or other personal information maintained by the South Dakota Athletic Commission as a condition of my registration as a boxer, kickboxer, or mixed martial artists, or any medical or personal information acquired as result of competing in a boxing, kickboxing or mixed martial arts competition overseen by the South Dakota Athletic Commission to other state licensing bodies, insurance companies providing insurance coverage for a boxing, kickboxing, or mixed martial arts competition overseen by the South Dakota Athletic Commission, law enforcement entities, or a physician assigned to provide medical services at a boxing, kickboxing or mixed martial arts competition overseen by the South Dakota Athletic Commission.

I agree that a copy of this authorization shall be as valid as an original. I further agree that this authorization is valid for a period of one year from the date of my signature on this document.

---

Name of Applicant (Please Print) Applicant's Signature Date

*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

<i>Commission Use Only</i>	<i>Fee</i> _____	<i>Physical</i> _____
	<i>Eye Exam</i> _____	<i>Blood Results</i> _____
	<i>Waiver</i> _____	<i>Federal ID</i> _____

**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 \_\_\_\_\_