

South Dakota Athletic Commission

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MATCHMAKER LICENSE 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 a fee of \$200 must be submitted.
- 3) Proof of good standing in the state of incorporation for a Partnership or Corporate entity, if applicable, must accompany the Application.
- 4) A Completed Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment for each owner/partner must be submitted with the Application.
- 5) Verification of License or Registration in any other jurisdictions must be submitted (copy of license or registration) with the Application for the Applicant and each owner/partner, if applicable.

Name of Applicant		Federal ID Number <i>(If applicable)</i>	
Street Address or PO Box		Email Address	
City	State	Zip Code	Phone
Licenses or Registrations for similar duties in other jurisdictions? <i>(If Yes, please provide copies.)</i> Yes No			
If applicable, Business Type <i>(If the Promoter is a Partnership or Corporation, proof of good standing in the state of incorporation must be provided. If there are additional owners/partners, please attach information for each owner/partner/shareholder to the application.)</i> Sole Proprietorship - Complete A Partnership – Complete B Corporation – Complete B			
A. Name of Owner	Date of Birth	Social Security Number	Phone
Mailing Address		City	State Zip Code
Licenses or Registrations for similar duties in other jurisdictions? <i>(If Yes, please provide copies.)</i> Yes No			
Have you been convicted of any crime related to boxing, kickboxing, or mixed martial arts, or any crime involving dishonesty or moral turpitude? Yes No		Have you been disciplined, fined or had a license/ registration revoked, suspended or disciplined by any athletic commission or similar entity? Yes No	
B. Name of Partner/Shareholder	Date of Birth	Social Security Number	Phone
Mailing Address		City	State Zip Code
Licenses or Registrations for similar duties in other jurisdictions? <i>(If Yes, please provide copies.)</i> Yes No			

B. Name of Partner/Shareholder	Date of Birth	Social Security Number	Phone	
Mailing Address		City	State	Zip Code
Licenses or Registrations for similar duties in other jurisdictions? <i>(If Yes, please provide copies.)</i> Yes No				
Have you been convicted of any crime related to boxing, kickboxing, or mixed martial arts, or any crime involving dishonesty or moral turpitude? Yes No		Have you been disciplined, fined or had a license/ registration revoked, suspended or disciplined by any athletic commission or similar entity? Yes No		

Acknowledgement of Responsibilities

Acknowledge the following statements by initialing the appropriate answer to each statement.

- 1.) I acknowledge that as the matchmaker for a competition, my requirements and responsibilities are outlined in SDCL 42-12 and ARSD 20:81 and that I have read SDCL 42-12 and ARSD 20:81 and agree to comply with these laws and regulations.

YES NO
- 2.) I acknowledge that as a matchmaker, I am directly liable for the promoter I represent, and all persons affiliated with the promoter or any competition of the promoter and as such am liable for the contest fee required by the Athletic Commission, the compensation of all officials assigned by the Commission, the provision of the required insurance for the event and participants, and any applicable sales tax resulting from the competition and responsible for ensuring that all required to be licensed by or registered with the Athletic Commission, shall be properly licensed or registered before participating in the competition.

YES NO
- 3.) I acknowledge that failure to meet any of the responsibilities or requirements of a matchmaker or failure to timely meet deadlines or requests of the Athletic Commission may result in the revocation of my license or the denial of competitions.

YES NO

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PERSON COMPLETING THIS APPLICATION AND THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF MYSELF OR THE ENTITY LISTED 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 LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. FURTHERMORE, I ACKNOWLEDGE THAT ALL OWNERS, PARTNERS AND/OR SHAREHOLDERS IN THE ENTITY MAKING APPLICATION HAVE READ AND UNDERSTAND THAT SAID OWNERS, PARTNERS AND/OR SHAREHOLDERS ARE RESPONSIBLE FOR COMPLIANCE WITH SDCL CHAPTER 42-12 AND ARSD ARTICLE 20:81 AND ARE AWARE OF ALL RESPONSIBILITIES AND REQUIREMENTS FOR PROMOTERS LICENSED PURSUANT TO THIS APPLICATION AND AGREE TO ABIDE BY ALL SAID RESPONSIBILITIES AND REQUIREMENTS. ALL OWNERS, PARTNERS AND/OR SHAREHOLDERS FURTHER AGREE TO HOLD THE SOUTH DAKOTA ATHLETIC COMMISSION HARMLESS FOR ANY INJURY OR DEATH THAT MAY OCCUR AS A RESULT OF HOLDING COMPETITIONS IN SOUTH DAKOTA AND ACKNOWLEDGE LIABILITY FOR SUCH OCCURENCES AT SAID COMPETITIONS.

Signature of Promoter

Date

For Commission Use Only				
_____ Fee Received	_____ Waiver Received	_____ Approved	_____ Denied	_____ License 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