



20 Athlete Eligibility Certificate

Name (Last, First, MI) <small>Please Print Neatly</small>	Age	Student ID	Year in School (1-5)	Record (W/L)	Signature <small>(Indicates you have read, understand and agree with the Waiver, Release and Informed Consent Statement Below)</small>
REGISTRAR, PLEASE CROSS	OUT	BLANK ROWS	-----	-----	-----

Use Additional page as necessary. Ensure Registrar signature and institutional seal are present on each page.

Waiver, Release, and Informed Consent Statement

In consideration for accepting this entry, I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all right to any claims for damages I may or might have against the National Collegiate Boxing Association, host school, officers, sub-committees, agents, coaches, representative and assigns or those entitled for any injury or injuries suffered by me during my participation in boxing, or arising from traveling to and returning from said event. I 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 agree to abide by the rules of USA Boxing, Inc. and I fully understand that I assume all responsibility for any injury that I may incur in these boxing events. I understand and agree that medical or other services rendered to me by any of the named parties is not an admission of liability and to provide or continue to provide any such services is not a waiver by any of said parties of any right or rights hereunder.

THIS SECTION TO BE COMPLETED AND SIGNED BY THE REGISTRAR:

Institution: _____

Registrar Address: _____

Registrar Email: _____

Phone: _____ **Fax:** _____

"I certify that the above-named boxers are currently students in their first five years of enrollment (undergraduate or first-year graduate) and taking at least the minimum number of credits to be considered full-time."

Signed: _____ **Date:** _____

Place Official Seal here.

Printed Name and Title: _____

INSTITUTIONAL SEAL or ENROLLMENT VERIFICATION DOCUMENT MUST APPEAR. ↑

Must be received by Compliance Chairperson prior to the beginning to the Regional Tournament.