



South Dakota Athletic Commission

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

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Email: SDAC@midwestsolutionssd.com www.dlr.sd.gov/bdcomm/athletic

Registration Application – Judge, Referee or Timekeeper

Instructions:

- 1) A completed Application and appropriate fee must be submitted. If applying for more than one registration, only the highest fee of the registrations requested must be submitted.
- 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.
- 3) Verification of License or Registration in any other jurisdictions must be submitted (copy of license or registration) with the Application.
- 4) If applying for registration as a referee, proof of a physical within the last 180 days must be submitted with the Application.

Registration(s) Requested for:			
Referee (\$50 fee)	Judge (\$50 fee)	Timekeeper (\$25 fee)	
Competition Type(s):			
Boxing Competitions	Kickboxing Competitions	Mixed Martial Arts Competitions	
Name			Date of Birth
Street Address or PO Box			E-mail Address
City	State	Zip Code	Telephone Number
Experience			
Experience or knowledge relating to the duties applying to be registered for: <i>(Please distinguish between amateur and professional experience and provide number of years and any special education or experience.)</i>			
Licenses and Registrations in Other Jurisdictions			
Other States or Jurisdictions where licensed or registered to perform similar duties: <i>(Please provide a copy of your license or registration from each state or jurisdiction listed)</i>			
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>			
Yes	No		

Referee Physical Information (To be completed only by applicants for registration as a referee)

Proof of a physical within 180 days of acting in the capacity of referee must be provided. Documentation from the physician performing a physical should be sent directly to the South Dakota Athletic Commission or must be provided by the ringside physician at the competition prior to applicant performing the duties of a referee.

Date of most recent physical	Physician performing physical
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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 _____	Date _____
Waiver Received _____		Date _____
Approval of Application _____		Date _____
Denial of Application _____		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 _____

Signature _____ Address _____

Date _____