RELEASE

I acknowledge that athletic event is an extreme test of a person' physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property thefts or actions of any kind which might hereafter accrue to me including my traveling to and from this event, the following entities or persons:

Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury accident or illness during this event.

I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

I understand that this is a drug-tested contest and agree to submit to any testing method approved by the contest promoter. I also agree to accept, without challenge, the results of such drug tests. Unless in the case of inconclusive results, I understand agree that the preliminary results are final.

The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand it's contents.

Print Participants Name	Age	Participant Signature
(If under 18 years old, Parent or guardian must also sign)		Date

Parent Guardian Waiver for Minors

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participants Name	Age	Signature of Parent or Guardian	Date

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USBF MEMBERSHIP CARD

Below is the USBF Membership Card. This card is required to compete in any USBF Sanctioned event. Your membership number is a combination of your initials and date of birth, so your number will never change. The card is valid 12 months after the date of purchase.

When completing a membership form, remember the following: (1) Print clearly; (2) Sign in the appropriate areas, and (3) Don't send cash through the mail (money orders are the only acceptable payment method).

** U.S.B.F. MEMBERSHIP FORM **

MAIL CARD TO: USBF NAT'L OFFICE, P.O. BOX 20042, BALTIMORE, MD 21284-0042

(PRINT CLEARLY)

FULL NAME:_____

DOB: ____/_____/_____ AGE:_____ SEX(M/F): _____ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:** _____

e-mail: _____ **Home Phone:** _____

Membership Fee: $50.00; On-Line $40.00 (at www.usbf.net); USBF#_____ (To Be Completed By The USBF)

I KNOW THAT MY PARTICIPATION IN U.S.B.F. ACTIVITIES IS POTENTIALLY HAZARDOUS AND CAN CAUSE BODILY INJURY OR DEATH. I CLEARLY UNDERSTAND THAT, BY SIGNING THIS FORM AND / OR MY INVOLVEMENT IN U.S.B.F. ACTIVITIES, I ASSUME ALL RISKS FOR ANY INJURY RESULTING THERE FROM AND WAIVE / RELEASE ANY AND ALL CLAIMS FOR DAMAGES THAT I MAY HAVE AGAINST THE USBF, ITS OFFICIALS, OR REPRESENTATIVES. I ALSO UNDERSTAND IN ACCEPT THE RESULTS OF ANY DRUG TESTING PERFORMED BY THE U.S.B.F. OR ITS REPRESENTATIVES. I UNDERSTAND THAT SUPPLYING INCORRECT INFORMATION ON THIS FORM VOIDS MY MEMBERSHIP.

X_____ X_____

APPLICANT'S SIGNATURE PARENT'S SIGNATURE (IF UNDER 18)