



# Official Boxer Entry Form

MEMORIAL HALL • KANSAS CITY, KS

Please print all requested information & send completed form to:

Fax: 913-888-4274 OR

Mail: 14865 W. 105th St., Lenexa, KS 66215

For more information contact: Barbara Yoksh at 913-888-7766 x844 or byoksh@ringside.com

## Boxer Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Firefighter \_\_\_\_\_ Police Officer \_\_\_\_\_ Other \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_  Male  Female

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail (Please Note: E-mail Address is Required for Updates and Special Notices) \_\_\_\_\_

- I will need help getting a sponsor
- I have identified my sponsor (contact name, phone#) \_\_\_\_\_
- I have a spouse, significant other or friends who would like to be involved with the event.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I INTEND TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE MISSOURI VALLEY AMATEUR BOXING ASSOCIATION, USA BOXING, RINGSIDE INC. TURNER GOLDEN GLOVES BOXING CLUB, ALL SPONSORS, AGENTS REPRESENTATIVES AND ASSIGNS FOR ALL AND ANY INJURIES SUFFERED BY ME AT THE KANSAS CITY GUNS 'N HOSES TOURNAMENT, SPECIAL APPEARANCES, BOXING SESSIONS, TRAINING OR CLASSES.

I CURRENTLY AM NOT UNDER ANY MEDICAL RESTRICTIONS OR TAKING ANY SPECIAL MEDICATIONS. ALSO, I AM NOT PURSUING ANY TYPE OF WORKMAN'S COMPENSATION CLAIM AT THIS TIME.

I GRANT PERMISSION TO GUNS 'N HOSES TO USE MY NAME, PHOTOGRAPHS AND/OR VIDEOS FOR GUNS 'N HOSES COMMUNICATIONS AND/OR ADVERTISEMENTS AND I WAIVE ANY RIGHTS TO COMPENSATION FOR SUCH USE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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14865 W. 105 Street • Lenexa, KS 66215 • 913-888-7766 ext. 844 • Fax 913-888-427 • kcgunsnhoses.com

