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UNITED STATES SUMO FEDERATION

INDIVIDUAL MEMBERSHIP APPLICATION (Please Print)

Last Name:		First Name:		M.I.:
Address:			Application Date:	
City:		State:	ZIP Code:	
Phone/Fax:		E-Mail:		
Date of Birth:	Age:	Sex: **M F**	Citizenship: **USA**	**Other**
USSF Club: (If the above-listed club is not a USSF-chartered club, you will be registered as "unattached".)				
Classification: **Shonen** **Senior**		Status: **Competitor**	**Non-Competitor**	
Are you a Club Coach? **YES** **NO**		Are you a Referee/Judge?	**YES** **NO**	
Registration Fees: **Seniors (18+) and Shonen (13-17) $20.00 /year** Note: USSF membership is not required for yonen (persons under 13 years of age).				

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT I AM ELIGIBLE TO BE A MEMBER IN ACCORDANCE WITH THE RULES OF THE UNITED STATES SUMO FEDERATION, INC.

X _____ **X** _____

Signature of Applicant Date Signature of Parent/Guardian (if under 18) Date

WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, THE APPLICANT, HEREBY STATE THAT I AM 18 YEARS OF AGE OR OVER AND AGREE TO RELEASE, WAIVE AND DISCHARGE, TO THE GREATEST EXTENT PERMITTED BY LAW, THE UNITED STATES SUMO FEDERATION, INC. (USSF) FROM OR FOR ALL CLAIMS, DEMANDS AND CAUSES OF ACTIONS OR ANY OTHER LIABILITIES WHICH MAY ARISE BY VIRTUE OF INJURIES OR DAMAGES CAUSED IN CONNECTION WITH OR ARISING OUT OF MEMBERSHIP WITH THE USSF, AND THE ACTION OR LACK THEREOF OF THE USSF. I AGREE THAT I KNOW AND UNDERSTAND THE RISK INVOLVED IN THE SPORT OF SUMO, AND DO HEREBY ASSUME THESE RISKS AND ACCEPT THE RESPONSIBILITY FOR ANY DAMAGES OR INJURIES BY ENGAGING IN THE CONTACT SPORT OF SUMO.

X _____

Signature of Applicant Applicant's Printed Name Date

I HEREBY STATE THAT I AM THE PARENT(S) OR LEGAL GUARDIAN OF _____, THE APPLICANT, A MINOR. I STATE THAT I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER AND RELEASE OF LIABILITY AGREEMENT. I HAVE EXPLAINED TO THE APPLICANT THAT HE/SHE IS GIVING UP SUBSTANTIAL RIGHTS BY SIGNING OR SUBMITTING THE APPLICATION, AND INSTRUCTED HER/HIM OF THE RAMIFICATIONS, AND THAT I/WE CONSENT TO THE APPLICANT'S BECOMING A MEMBER OF THE USSF AND PARTICIPATING IN SUMO PRACTICES, CLINICS AND EVENTS SANCTIONED OR SPONSORED BY THE USSF.

X _____

Signature of Parent/Guardian Parent/Guardian's Printed Name Date

Send this application to the USSF at the address at the top. Seniors and shonen enclose a check for $20.00, payable to the United States Sumo Federation. Membership runs for 12 months from the application date. You must be a USSF member to compete in any National or International event if you live in the USA. If you are 18+ years of age, membership gives you voting rights at any USSF meeting.

The US Sumo Federation (USSF) is a steroid-free amateur athletic federation, in compliance with standards of the International Sumo Federation (ISF), the International Olympic Committee (IOC), and WADA (World Anti-Doping Association). By becoming a USSF member, I agree to follow the guidelines and mandates of the ISF, and refrain from taking any banned substances, per ISF, IOC, and WADA requirements. I fully understand the doping guidelines, including the penalties for testing positive for banned substances. By my signature, I agree to comply with all ISF and USSF doping policies.