



UNITED STATES SUMO FEDERATION

107 South Avenue West, Cranford, NJ 07016
Phone: (908) 276-3544 Fax: (908) 276-3554
E-mail: yonejkc@comcast.net

INDIVIDUAL LIFE MEMBERSHIP APPLICATION (Please Print)

Last Name:		First Name: (Your preferred name)		M.I.:
Address:			Application Date:	
City:		State:	ZIP Code:	
Phone/Cell:		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: Senior (18+) Junior (13-17)		Status: Competitor Non-Competitor		
Registration Fees: Seniors (18+) and Juniors (13-17) \$200.00 for LIFE				
Note: USSF membership is not required for children (persons under 13 years of age).				

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

X

Signature of Applicant

Date

X

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

Please send this membership application to the United States Sumo Federation at the address on the top of this form. USSF Life membership is a tax-deductable \$200.00 donation to the United States Sumo Federation, Inc. Life members are not subject to annual dues, however members may need to execute an annual Waiver and Release of Liability Agreement. USSF membership is required to compete in any local, National or International event if the United States of America.