

**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:		M.I.:
Address:			Application Date:	
City:		State:	ZIP Code:	
Phone/Fax:		E-Mail:		
Date of Birth:	Age:	Sex: <b>M</b> <b>F</b>	Citizenship: <b>USA</b> <b>Other</b>	
USSF Club: (If the above-listed club is not a USSF-chartered club, you will be registered as "unattached".)				
Classification: <b>Junior</b> <b>Senior</b>		Status: <b>Competitor</b> <b>Non-Competitor</b>		
Are you a Club Coach? <b>YES</b> <b>NO</b>		Are you a Referee/Judge? <b>YES</b> <b>NO</b>		
Registration Fees: <b>All Ages \$200.00</b>				

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT I AM ELIGIBLE TO BE A LIFE 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. I UNDERSTAND AND ACCEPT THAT, DUE TO THE SMALL SIZE OF THE USSF AT THIS TIME, THAT THE COST OF LIABILITY INSURANCE IS PROHIBITIVE, AND THAT NO INSURANCE IS PROVIDED BY THE USSF.**

**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. Life membership is by a tax-deductible \$200.00 donation to the United States Sumo Federation, Inc. Life members are not subject to annual dues: however, active competitors and officials will still need to execute an annual Waiver and Release of Liability Agreement. They will also have to pay for insurance (when obtainable) and will be subject to special assessments should they be voted by the Board of Trustees. You must be a USSF member to compete in any National or International event if you live in the USA. Membership also gives you the right to vote at any USSF meeting.