


Membership Confirmation

MEMBERSHIP CARD

Brian Urzua Member # 834341 DOB 8/22/1997 Gender: M Athlete 2022	 OREGON Joined: 7/11/2022  Exp: 12/31/2022
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MEMBER INFORMATION

Member ID: 834341
Member: Brian Urzua
450 Ne 18th St
Gresham, OR 97030
Email: [\[email protected\]](#)
Home Phone 5033813520
Birth Date: 8/22/1997
Membership Type: Athlete
LBC OREGON
Club - No Club Affiliation -
Registration Date: 7/11/2022
Expiration Date: 12/31/2022
Membership Status: **Current**

ORDER INFORMATION

Billing Info	Brian Urzua	Date	7/11/2022
	450 NE 18TH ST	Order ID	708838
	Gresham, OR 97030	Card Type	Visa
	United States	Credit Card No.	XXXX XXXX XXXX 2012
		Transaction ID	AP0E7C3B2AD9
		Authorization No.	09001B

ORDER ITEMS

Item	Quantity	Price	Amount
Oregon Athlete Age 17-34 - (Brian Urzua)	1	\$70.00	\$70.00
Tax:			\$0.00
Shipping:			\$0.00
Total:			\$70.00

IMPORTANT!

To complete your registration, you must follow the instructions below.

You will need to provide to the LBC Registration Chair:

Membership Confirmation Receipt

2 passport-sized photos

Copy of your birth certificate or U.S. passport

Copy of your annual physical declaring you are cleared to participate*

*Physical Exam: All athlete members of USA Boxing must get a yearly physical. Physicals are good for one year from the date they were given. We have created a form specifically for this purpose. [Click here for more information and to access the form.](#)

(<http://www.teamusa.org/USA-Boxing/Rulebook/Forms-and-Documents/Annual-Athlete-Physical-Form>)

Registration Chair Contact Information

The registration chair will prepare your passbook.

You MUST have a passbook in order to box.

Registration Chair: Dan Lucas
3125 SW California Street
Portland, OR 97219

Day Phone: 503-806-5300

Night Phone: 503-806-5300

Email: [\[email protected\]](#)

Instructions to get your passbook

Please mail the required documents as listed above to your LBC registration chair at the address provided. The registration chair will prepare your passbook and mail it back to you at the address listed on your Membership Confirmation page.

ATHLETE INFORMATION

Height:	5'11
Weight	169
Eye Color:	Brown
Hair Color:	Black

If you have competed in any amateur combat sports, please check all that apply.

Type Of Sport	Wins/Losses
Amateur MMA	/
Amateur Kickboxing	/
Amateur Martial Arts	/

WAIVER, RELEASE AND ASSUMPTION OF RISK

IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN ANY WAY IN ANY USA BOXING, INC. ACTIVITIES, I AGREE:

I understand the nature of USA Boxing, Inc. activities (sport of Olympic Style Boxing) and my experience and capabilities and believe I am qualified to participate in such activity and am in good health and proper physical condition. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I FULLY UNDERSTAND that: (a) USA Boxing, Inc. activities (Olympic Style Boxing) involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING SICKNESS AND DISEASE, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES

incurred as a result of my participation in these activities.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the USA Boxing, Inc. its clubs and LBCs, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessor of premises on which the activities take place (each considered one the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

IT IS HEREBY AGREED THAT in the event of a dispute between the undersigned (or another person acting on the undersigned's behalf) and USA Boxing, Inc. or any of the other Releasees, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be in the State Court of El Paso County, State of Colorado, unless federal jurisdiction applies, in which case the exclusive venue shall be in U.S. District Court in Denver, Colorado.

GOVERNING LAW: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law.

SEVERABILITY: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated.

HEALTH AFFIDAVIT

ALL BOXERS: I certify that I have had no injuries to my hands, neither fractures nor broken bones, which exist now or which occurred within three months preceding the date of the athlete Membership Applicationform. I further certify that I have not suffered any injuries to the head, concussion, fainting spells or headaches within the last 12 months. I agree to notify my coach, trainer, or other local boxing officials immediately should any of these injuries or conditions be experienced in the future. I also certify that, if I have suffered a concussion in the past, I have received full medical clearance from a qualified medical provider to participate in Olympic Style Boxing. I further agree that if I do experience any of the aforementioned conditions or injuries, I will immediately cease training, sparring and competing as a boxer until such conditions or injuries no longer exist.

Waiver Accepted Electronically by: Brian Urzua (Member ID:834341)	7/11/2022
Code of Conduct accepted electronically by: Brian Urzua (Member ID:834341)	7/11/2022