

USBF SANCTION FORM (Polygraph Modified)

Name of Event : _____

Date of Application: ___/___/___; Date of Event: ___/___/___

FACILITY INFORMATION (BE VERY COMPLETE)

Name of facility being utilized: _____ Phone: _____

Address of facility: _____

City: _____ State: _____ Zip: _____

PROMOTER INFORMATION (BE VERY COMPLETE)

Name of Promoter: _____ Evening Phone: _____

Daytime Phone: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Promoter's Agreement

- (1) I agree to follow all of the rules of the U.S.B.F. , and the list of promoter's responsibilities. I recognize that in not abiding by the rules or responsibilities that the sanction and event insurance will be void.
- (2) I agree to supply a draft entry with the sanction. If you are sanctioning a pro show, your draft entry must clearly state the total payout and the breakout by placement.
- (3) I agree to send in contest results (via Excel or MS Word), drug testing protocol forms, and contest photos no later than two (2) weeks following the show.
- (4) I agree to accept full responsibility for the collection of all membership fees for those individual not on the list provided by the USBF or those individuals not having proof of membership.
- (5) I agree to request drug testing kits at least 2 months prior to the event date, and to be responsible for carrying out testing as specified by the USBF or USBF_SA at the sanctioned event.
- (6) I agree hold harmless the USBF, USBF_SA, their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers from any and all liability or claims made as result of this sanction of this event, whether caused by the negligence of releases or otherwise.
- (7) I agree and accept that there are fixed costs associated with sanctioning an event and that there will be no refund of sanctioning fees.
- (8) I agree that the polygraph is only to be used for pre-screening. Any use of the polygraph will occur prior to the start of registration. Anyone identified as inconclusive or a failure shall not be allowed to compete in the contest.
- (9) I understand that no competitor, after failing the polygraph or being deem an inconclusive, can be re-test using urinalysis.

Promoter's Signature: _____ Date: _____

(Signature granting approval of sanction)

President's Signature: _____ Date: _____

Promoter's USBF #: Promoter's Membership Is Included In Sanction _____

SANCTION FEES

\$ 300.00 \$300.00 PER EVENT(SANCTION FEE)

Note: Money Orders Only, Payable to USBF

Please mail to: USBF, P.O. Box 20042, Baltimore, MD 21284-0042