



## Authorization Request Form\*

Completion and signature of this Authorization Request Form confirms your request to host a boxing event and/or tournament that will be authorized by the World Boxing Council (“WBC”) Amateur Committee. In consideration of receiving and processing your request and authorizing your event and/or tournament, I hereby, for myself, my heirs, accessors, administrators and assigns waive, release, and hold harmless the World Boxing Council (WBC) and its sponsors, or the officers, sub-committees, agents, representative and assigns of any of these entities in connection any and all rights to any claim or claims whether known or unknown that may arise in relation with any injury or damage suffered by any organizer(s) or participants arising from any activities related to the event and/or tournament. While the WBC will grant permission to the event and/or tournament host(s) to use its name and, in some cases, articles bearing the WBC’s marks, the WBC assumes no responsibility for any issues that may arise. For more information, please contact: [wbcamateur@wbcboxing.com](mailto:wbcamateur@wbcboxing.com)

Date:

Please provide the information requested below:

City and Country where the event/tournament will take place:	
Estimated date(s):	
Person or organization responsible:	
ID/documents	
Who is the representative from WBC Amateur for this request?*	
Have you done a tournament or event before?	
Is your tournament or event under a commission or federation? Which one?	
Do you belong to a non-profit organization?	

What type of event are you planning to make (select one)?

- Boxing Festival (event)
- Competition (tournament)
- Other

\*Please read the list of International Representatives on the following page:

<https://wbcboxing.com/amateur/about-us/>

Briefly describe the characteristics of the event/tournament to be organized, please include all relevant details such as (approximate number of fights, weight categories, age categories, etc.):

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Name and capacity of the venue where the competition will be held:

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Additional Comments:

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Full Name			
Occupation			
Email		Gender	
ID			
Telephone			

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Signature

*(Please print this document, sign it, and send it to the following email address: [wbcamateur@wbcboxing.com](mailto:wbcamateur@wbcboxing.com))*