

**STATE OF NEW JERSEY
STATE ATHLETIC CONTROL BOARD
AMATEUR MIXED MARTIAL ARTS CONTESTANT FORM**
(PLEASE FILL FORM OUT COMPLETELY)

DATE OF EVENT: ____/____/____ NAME OF EVENT: _____

FIGHTERS FULL LEGAL NAME: _____

ALIAS: _____

FIGHTERS DATE OF BIRTH: ____/____/____

FIGHTERS HOME ADDRESS: _____

FIGHTERS PHONE NUMBER: _____

FIGHTERS SCHOOL AFFILIATION: _____

FIGHTER CERTIFICATION: I HEREBY CERTIFY THAT I AM SKILLED ENOUGH, HEALTHY AND READY TO COMPETE IN THIS AMATEUR MIXED MARTIAL ARTS COMPETITION. I FURTHER CERTIFY THAT I HAVE NOT ENGAGED IN ANY PROFESSIONAL OR PROFESSIONAL RULES STYLE MIXED MARTIAL ARTS COMPETITIONS AND THAT I HAVE NOT BEEN PAID TO COMPETE.

TRAINERS NAME: _____

TRAINERS SCHOOL: _____

ADDRESS: _____

TRAINERS CONTACT NUMBER: _____

TRAINER CERTIFICATION: I _____ HEREBY CERTIFY THAT FIGHTER _____ IS SKILLED ENOUGH, HEALTHY AND READY TO COMPETE IN THIS AMATEUR MIXED MARTIAL ARTS COMPETITION. I FURTHER CERTIFY THAT FIGHTER HAS NOT ENGAGED IN ANY PROFESSIONAL OR PROFESSIONAL RULES STYLE AMATEUR MIXED MARTIAL ARTS COMPETITIONS AND HAS NOT BEEN PAID TO COMPETE.

01) HAS FIGHTER EVER COMPETED IN A COMBATIVE SPORTS CONTEST IN ANOTHER STATE? IF YES, PLEASE LIST ALL DATES AND CITY/STATE

02) HAS FIGHTER EVEN COMPETED IN A COMBATIVE SPORTS CONTEST IN THE STATE OF DELAWARE? IF YES, PLEASE LIST ALL DATES AND CITY

03) ARE YOU UNDER A MEDICAL OR DISCIPLINARY SUSPENSION FROM ANY ATHLETIC COMMISSION OR SANCTIONING ORGANIZATION? IF YES, PLEASE EXPLAIN:

04) WHAT WAS THE DATE AND RESULT OF YOUR LAST AMATEUR MIXED MARTIAL ARTS CONTEST?



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THE CONTESTANT UNDERSTANDS THAT BY PARTICIPATING IN THIS CONTEST OF UNARMED COMBAT THAT THE CONTESTANT IS ENGAGING IN AN ABNORMALLY DANGEROUS ACTIVITY WHICH SUBJECTS CONTESTANT TO A RISK OF SEVERE INJURY OR DEATH. THE CONTESTANT, IN FULL KNOWLEDGE OF THE RISKS, NONETHELESS, AGREES TO ENTER INTO THIS AGREEMENT AND HEREBY WAIVES ANY CLAIM THAT THE CONTESTANT OR CONTESTANT'S HEIRS MAY HAVE AGAINST THE ATHLETIC CONTROL BOARD (HEREINAFTER "SACB") OR THE STATE OF NEW JERSEY AS THE RESULT OF ANY INJURY THE CONTESTANT MAY SUFFER AS A RESULT OF CONTESTANT'S PARTICIPATION IN THIS CONTEST. I HAVE READ AND UNDERSTAND THE ABOVE.

FIGHTER SIGNATURE: _____

THE PARTIES, JOINTLY AND SEVERALLY HEREBY DISCHARGE, RELEASE, INDEMNIFY AND HOLD HARMLESS THE SACB , THE SACB'S INDIVIDUAL MEMBERS AND EMPLOYEES, BOUT OFFICIALS AND AGENTS, AND THE STATE OF NEW JERSEY IN THEIR INDIVIDUAL, PERSONAL AND REPRESENTATIVE CAPACITIES AGAINST ANY AND ALL CLAIMS, SUITS, ACTIONS, DEBTS AND JUDGMENTS, IN LAW OR EQUITY, BROUGHT AGAINST THE PARTIES NAMED IN THIS AGREEMENT DUE TO THIS AGREEMENT AND ALL OTHER MATTERS RELATING HERETO.

FIGHTER SIGNATURE: _____

THE CONTEST SHALL BE CONDUCTED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW JERSEY AND IN ACCORDANCE WITH THE STATUTES, RULES, REGULATIONS AND POLICIES OF THE SACB WHICH ARE HEREBY MADE PART OF THIS AGREEMENT.

IT IS UNDERSTOOD AND AGREED THAT THE RIGHTS AND OBLIGATIONS OF THE PARTIES HERETO SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW JERSEY.

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR ANY APPLICABLE LEGAL PENALTIES.

FIGHTER SIGNATURE: _____ DATE: _____