

STATE OF NEW JERSEY

STATE ATHLETIC CONTROL BOARD

AMATEUR KICKBOXING CONTESTANT FORM

(Form must be filled out completely)

Date of Event / / Name of Event _____

Contestant Full Legal Name _____

Alias _____

Height _____ Weight _____ Date of Birth / /

Hair Color _____ Eye Color _____ Email _____

Phone Number _____

Full Home Address _____

CONTESTANT CERTIFICATION: I hereby certify that I am skilled enough, healthy, and ready to compete in this amateur kickboxing competition. I further certify that I have not engaged in any professional or professional rules style kickboxing competition; and that I have not been paid to compete.

SIGNATURE _____

Trainer Name _____

Trainer's School Name _____

Full School Address _____

Trainer's Phone Number _____

TRAINER CERTIFICATION: I, _____, hereby certify that Fighter is skilled enough, healthy, and ready to compete in this amateur kickboxing competition. I further certify that fighter has have not engaged in any professional or professional rules style kickboxing competition; and has not been paid to compete.

TRAINER SIGNATURE _____

1- Has contestant ever competed in any combative sports contest in any jurisdiction? (This includes kickboxing, boxing, muay Thai and MMA) ? If yes, please list date, location, promotion, result and type of each contest.If none, state none.

2- Is contestant under any medical, disciplinary, or administrative suspension from any athletic commission or sanctioning organization? If yes, please explain in detail. If none, state none.

The contestant understands that by participating in this contest of unarmed combat, he or she is engaging in an abnormally dangerous activity which subjects contestant to a risk of serious 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 the contest. I have read and understand the above.

CONTESTANT 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 and equity, brought against the parties named in this agreement due to this agreement and all other matters relating hereto.

CONTESTANT SIGNATURE: _____

This 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 form and that all the answers are true and complete. I understand that any misrepresentations or failure to answer shall constitute grounds for any applicable legal penalties.

CONTESTANT SIGNATURE: _____ DATE: _____