



FIGHT AND FITNESS
 734 BRYANT ST.
 SAN FRANCISCO, CA 94107
 TEL. (415) 495.2211
 www.fightandfitness.com

COMPETITOR APPLICATION

Boxing / Muay Thai/ M.M.A. (please circle your style)

Name: _____ Phone No. _____

Address: _____ City: _____, State: _____ Zip: _____

Email: _____ Age: _____ Height: _____

Male: _____ Female: _____ (check one, please)

School/Training Center Info

School/Training Ctr: _____ Trainer: _____

Address: _____ City: _____, State: _____ Zip: _____

Tel. No.: _____ Email or Website: _____

Training Experience (Participants who lie about experience will be banned from competing. If you do not fill out training experience will not fight.)

Training Experience (in months): _____ Grappling Experience (in months and belt color): _____

List Styles _____

Number of exhibition fights (smokers) _____ Amateur record including KOs _____

Skill Level (circle one): **1 2 3 4 5 6 7 8 9 10**
 (Beginner ----- Amateur fighter)

Weight (to be filled in by FF staff at weigh-ins): _____

WAIVER, RELEASE AND INDEMNITY AGREEMENT

IMPORTANT: THIS RELEASE IS A LEGAL CONTRACT BINDING UPON YOU, FIGHT AND FITNESS INC, ITS EMPLOYEES AND ASSOCIATES. READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.

I, the undersigned, acknowledge and state that I have voluntarily applied to become a guest of and to participate in the activities of Fight and Fitness Inc, including, but no limited to, the instructions, techniques and methods commonly known as "Muay Thai, Kickboxing, Boxing and Mixed Martial Arts (MMA)". I am aware and understand that Muay Thai, Kickboxing, Boxing, and MMA are potentially dangerous activities. I am voluntarily of my own free will submitting an application for becoming a participant in this event with full knowledge and understanding of the serious potential dangers and hazards involved. I hereby consent and agree to completely accept alone any and all risks of injury or death. I also acknowledge and understand that the performance, practice and utilization of Fight and Fitness' methods involve extremely strenuous physical activity, and that I have been advised to consult a physician before commencing and undertaking such activities. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake the activities and practices of Fight and Fitness Inc. I hereby declare that I have read this release of liability form, and that I fully understand the meaning and importance of its contents. I acknowledge that this release form is a binding contract between Fight and Fitness and its associates; and that under this contract I am releasing Fight and Fitness Inc. and its associates from all liability for any claims I may have against them. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this contract, and that I am signing this contract of my own free will and accord.

Participation and Registration FEE: \$10.00

PARTICIPANT SIGNATURE: _____ DATE: _____

IF UNDER 18 YEARS OLD

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____