## ISCF AWARENESS OF EXPERIENCE AND RISK LIABILITY WAIVER

EVENI DATE: Month:	Date:	Year: 20		COMP
PROMOTERS NAME:			of State Co	TRAINS!
MATCHMAKERS NAME:			A. M. M.	SCFMMA.com
NAME OF VENUE:				
PHYSICAL EVENT LOCATION:				
This Aware Of Experience And Risk Release of Lic (International Sport Combat Federation) The Promote federations or organizations associates, officials, em consent and agree to completely accept alone any ar below statements b READ IT CAREFULLY AND OBTAIN LEG	er/Matchmaker na ployees and staff nd all risks of injur by signing your ful	med above and any and related to the event nam ry or death, and You veri I name below.	all of these ned above. ` fy and confi	companies, You hereby rm all of the
VOLUNTARY APPLICATION				
I,, have a Less	<b>Experienced</b> Ar	nateur MMA Record of	W.	L D
Amateur Kickboxing/MuayThai Record ofW,	-			
AND I AM WELL AWARE THAT MY OPPONENT,				
Amateur MMA Record ofW, LD - Ama				
Amateur Boxing Record ofW,LD and I am voluntarily and of my own free will submittin opponent with full knowledge and understanding of the contact fighting is a dangerous and hazardous activity, a in which as a competitor in this competition, I shall be acknowledge and state that I have accepted to compet opponent named above.	hazards involved and in particular, participating, is	<ul> <li>d. I am aware and under the techniques and methalon</li> <li>an extremely dangerou</li> </ul>	rstand that nods of this is and haza	in general, fu convention, a rdous event.
<b>LEGAL RELEASE:</b> In consideration for (a) being acce NAMED ABOVE, (b) being entitled to participate in act named above and (c) being permitted to use facilities are PROMOTER named above and all associates, officials hereby agree that I, my heirs, distributees, guardians, s to as "Releasor") will not make a claim or file an act NAMED ABOVE on the DATE NAMED ABOVE which and all of their officials, affiliated organizations, and/o participants, trainers, and (b) any or all manufacturers, and equipment I will use in connection with any and PROMOTER named above and any and all of these employees and staff (collectively referred to as the "su and all of these companies, federations or organization collectively be referred to as Releasees), for damages, damages, whether known or unknown, foreseen or misfeasance of, or omissions or failures to act by, the R	tivities Sanctioned and equipment, was, employees, stauccessors in interion or suit agains would include Their their directors, distributors, who all activities Sauppliers"), (The ISs associates, officinjury, emotional not, due to or in	d by the ISCF and Promyhether owned or leased aff and fellow participantest and legal representations, sue, or attach the presentant officers, employees, agolesalers, suppliers and/ounctioned by The ISCF and the PROMOTE officers, employees and stated of the ISCF and the PROMOTE of the ISCF and the PROMOTE of the ISCF and the PROMOTE of the ISCF and the ISCF and I distress claims, bodily it resulting from the acts,	noted by the IS d by The IS ts and train atives (collectoperty of (interpretation or retailers of and or Profices associated and the Stinjury claims	e PROMOTER CF and or the ers/coaches. ctively referred a) the EVEN d above or any nagers, fellow of the facilities amoted by the ates, officials above and any Suppliers sha s, and punitive
KNOWING AND VOLUNTARY EXECUTION: I hereby understand the meaning and importance of its contents ISCF and the PROMOTER named above and any anofficials, employees and staff and myself, and that ur named above and any and all of these companies, fed from all liability for claims I may have against them. I fur have full legal capacity to be bound by this contract, and	s. I acknowledge to d all of these conder this contract erations or organ orther declare and	that this Release is a bir mpanies, federations or t I am releasing The IS nizations associates, offic represent that I am at le	nding contra organizatio CF and the cials, emplo east 18 year	act among The ns associates PROMOTER yees and stat s of age, that
Executed in the City & State as listed above on the Applicant/Releasor: LESS EXPERIENCED FIGHTER:				
MORE EXPERIENCED FIGHTER:		Print Name:		
PROMOTER/MATCHMAKER:		Print Name:		