

ASSUMPTION OF RISK RELEASE FORM
American Jiu Jitsu Self Defense Corp.

(D/B/A) **Top Kick Championship Kickboxing**

Joseph Puleio & Saint Joseph College

THE FIGHTER/PARTICIPANT

D/O/B _____

Name _____

Phone # _____

Address _____

Emergency Contact Name _____

Emergency Contact # _____

Email Address _____

Date of Event _____

THE FIGHTER/PARTICIPANT ASSUMES ALL RESPONSIBILITY FOR ANY AND ALL RISK OF DAMAGE OR INJURY THAT MAY OCCUR TO FIGHTER/PARTICIPANT WHILE ATTENDING AND PARTICIPATING IN THIS TOP KICK CHAMPIONSHIP KICKBOXING ON

Date _____

YOU ARE RESPONSIBLE TO USE YOUR OWN MEDICAL COVERAGE SHOULD YOU BE INJURED IN ANY MANNER DURING YOUR PARTICIPATION AT THE "TOP KICK SUPERFIGHTS".

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL COSTS INCURRED BY YOUR PARTICIPATION IN THE "TOP KICK SUPERFIGHTS" IF YOU DO NOT HAVE MEDICAL INSURANCE.

YOUR ACKNOWLEDGE THAT MEDICAL INSURANCE IS NOT BEING PROVIDED BY THE PROMOTOR, THE VENUE, THE LICENSING OR SANCTIONING BODY FOR YOUR PARTICIPATION IN THE EVENT.

Ama/Pro Rounds ____ Gloves ____ Weight Class Division ____ Kickboxing/Low Kicks/Muay Thai

IF YOU ARE UNDER 18 YEARS OLD THIS DOCUMENT MUST BE SIGNED BY YOUR LEGAL GAURDIAN.

LEGAL GAURDIAN SIGN HERE:

Please print _____ Please sign _____ Date _____

FIGHTER/PARTICIPANT SIGN HERE:

Please print _____ Please sign _____ Date _____

Female Competitors must have documentation of a negative pregnancy test. If you do not bring the results of your test you will be required to be tested on the night of the fight and will be responsible for the \$100.00 Lab fee.