

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

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

Joseph Puleio & Smithtown Sheraton

THE FIGHTER/PARTICIPANT

D/O/B _____

Name _____

Phone # _____

Address _____ Emergency Contact Name _____

Town _____ Emergency Contact # _____

Email Address _____

Date of Event _____ Fighter weight in Starts 430pm event Starts at 630pm

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 _____ 2011. 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 ____ K/1/Full Contact(Above waist Kicks) 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 _____