



GRAPPLING CHAMPIONSHIP

American Mix Martial Organization (AMMO) Fight League grappling tournament registration participation form. Come as an individual or as a team to compete. You do not have to live in New England or be on a team to participate in this event.

Please fill out the following information:

| | | | |
|--|---|--|---|
| Name: | | Phone: | |
| Address: | | | |
| City: | | State: | |
| | | Zip: | |
| Email: | School/Team: | | DOB: |
| Training Experience: ___ No Formal training/ Novice ___ 12 or Less Months Training ___ 12+ Months Training ___ 18-36 Months Training ___ 36+ Months Training | Experience Level: ___ BJJ White Belt ___ BJJ Gray Belt ___ BJJ Yellow Belt ___ BJJ Orange Belt ___ BJJ Green Belt ___ BJJ Blue Belt ___ BJJ Purple Belt ___ BJJ Brown Belt ___ BJJ Black Belt | Divisions: No GI: _____ GI: _____ BOTH: _____ Open: _____ | Age: _____ Weight: _____ 1 Div= \$80 _____ 2 Div= \$100 _____ Challenge = \$100 _____ Total= _____ |
| If no other competitor register for your age and weight division are you willing to fight in another category/division: YES: _____ NO: _____ | | | |

TOURNAMENT WAIVER AND PARTICIPATION AGREEMENT

All participants must read agreement and sign it

I acknowledge I have voluntarily chosen to participate in the above referenced activity and I have full knowledge of the risks this activity presents, including travel to, participation in, and returning from the activity. I am aware portions of this activity are not guided or supervised by the AMMO Fight League LLC.

I understand by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property, which may occur at any time arising out of my participation in this activity.

I understand and agree as a condition of participation in this activity, I will release from liability and will indemnify the member institutions of AMMO Fight League LLC, their officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury, or death to myself or any other persons or property, in any way connected with my participation in this activity. I understand there exist specific hazards associated with this activity, to include injury and/or death, and I accept full responsibility for these hazards.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which could legally prevent me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily. I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian ad litem for the children, my assignees, and legal representatives.

I understand and agree by signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

PLEASE SIGN & BRING THIS WAIVER & YOUR PAYMENT TO REGISTRATION AREA TO PICK UP YOUR I.D. INDEX CARD

NOTE: Minors who do not have a parent or guardian's signature will not be accepted

Applicant's Signature

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date

Signature of Witness

Print Name of Witness

Date