

VCSS FIGHTER REGISTRATION

FIGHTER NAME: _____

MIXED MARTIAL ARTS RECORD: W: _____ L: _____ D: _____

SUB WIN: _____ KO'S: _____

OTHER FIGHTING (BOXING/KICKBOXING) RECORD: W: _____ L: _____ D: _____

KO'S: _____

Date LAST BOUT: _____ - _____ - _____ RESULT OF LAST BOUT: _____ W _____ L _____ D
If a Loss, HOW? _____ KO _____ TKO _____ DECISION

LAST TIME YOU WERE KOed OR BOUT STOPPED YOU LOST: _____ - _____ - _____
KO: _____ TKO: _____

WEIGH-IN WEIGHT: _____ HEIGHT: _____ ' _____ " AGE: _____

DATE OF BIRTH: _____ / _____ / _____ RIGHT HANDED: _____ LEFT HANDED: _____

GYM: _____ TIME TRAINING _____

TRAINER: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

AMATEUR FIGHTER CONFIRMATION FORM

ALL LINES ARE MANDATORY - ANY LEFT BLANK WILL DROP YOU FROM THIS EVENT

FIGHTERS FULL - LEGAL NAME: _____
 DO YOU GO BY OR HAVE ANY OTHER NAME: _____
 FIGHTERS DRIVERS LICENSE NUMBER - STATE: _____ NO: _____
 FIGHTERS DATE OF BIRTH: ____/____/____ - FIGHTERS FIGHTING WEIGHT: _____
 FIGHT RECORD: MMA: W: ____ L: ____ D: ____ KBOX: W: ____ L: ____ D: ____ BOX: W: ____ L: ____ D: ____
 FIGHTERS HEIGHT: _____'
 FIGHTERS HOME ADDRESS: _____
 CITY _____ STATE _____ ZIP _____
 FIGHTERS CONTACT PHONE NUMBER: _____
 FIGHTERS TRAINERS NAME - IF ONE: _____
 FIGHTERS TRAINERS CONTACT NUMBER - IF ONE: _____
 EVENT DATE: Month: _____ Date: _____ Year: 20____
 PROMOTERS NAME: _____
 NAME OF VENUE: _____
 PHYSICAL EVENT LOCATION: _____

This is a Legal Amateur Status Confirmation Form binding You, The FIGHTER named above, The VCCS (Virginia Combat Sports Sanctioning), The Promoter named above and any and all of these companies, federations or organizations associates, officials, employees and staff related to the FIGHTER AND EVENT named above. You hereby consent and agree to completely accept alone any and all Fines, Suspensions and Disciplinary Actions if you are found to be untruthful on ANY of the Questions below and You verify and confirm all of the below statements by placing your initials at each numbered item as well as signing your full and legal name below.

READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.

1. _____ - **Voluntary Application.** I, the undersigned, acknowledge and state that I have ACCEPTED to compete in the EVENT NAMED ABOVE on the DATE NAMED ABOVE as an AMATEUR Fighter.
2. I confirm under penalty or perjury that as of the EVENT DATE noted above;
 - _____ - I have Never been Paid, Contracted or Fought as a Professional **Mixed Martial Arts Fighter EVER.**
 - _____ - I have Never been Paid, Contracted or Fought as a Professional **Kickboxer EVER.**
 - _____ - I have Never been Paid, Contracted or Fought as a Professional **Boxer EVER.**
 - _____ - I have Never been Paid, Contracted or Fought as a Professional **in ANY Full Contact Fight Sport EVER.**
3. **PENALTY, FINES & SUSPENSIONS FOR PRO FIGHTERS FIGHTING AS AN AMATEUR**
 - _____ - I fully understand that if I have not been truthful with any of the above questions that I will be responsible for the following disciplines:
 - _____ - Suspended for a minimum of 60 days up to 12 months by the VCCS (Virginia Combat Sports Sanctioning)
 - _____ - The time of suspension will be determined at time of infraction by the VCCS (Virginia Combat Sports Sanctioning).
 - _____ - In addition, I also fully understand that if I have not been truthful with any of the above questions that my Trainer listed above shall face the following disciplines:
 - _____ - Suspended for a minimum of 60 days up to 12 months by the VCCS (Virginia Combat Sports Sanctioning)
 - _____ - The time of suspension will be determined at time of infraction by the VCCS (Virginia Combat Sports Sanctioning).
4. _____ - I hereby agree that this Amateur Status Confirmation shall be interpreted under and construed in accordance with the Amateur Definition as noted by the VCCS (Virginia Combat Sports Sanctioning) of the definition of a Professional Fighter and Amateur Fighter as follows:
 - **AMATEUR DEFINITION:** One who engages in an activity as a pastime rather than as a professional; one who lacks expertise.

- **AMATEUR IN SPORTS:** An athlete who has never participated in competition for money. An athlete who is not paid for his/her performance. An athlete at the beginning learning levels of his/her career.
- **PROFESSIONAL DEFINITION:** Performed by persons receiving pay. An expert in a field of endeavor. **PROFESSIONAL IN SPORTS:** An athlete who is paid for his/her performance. Paid for their excellence of experience, knowledge and ability of their given sport. An athlete who plays for pay.
- 5. _____ - **Knowing and Voluntary Execution 1.** I hereby declare that I have read this Amateur Status Confirmation Form in full and that I fully understand the meaning and importance of its contents. I acknowledge that this Amateur Status Confirmation Form is a binding confirmation among myself, the VCCS (Virginia Combat Sports Sanctioning) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff.
- 6. _____ - **Knowing and Voluntary Execution 2.** 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 Amateur Status Confirmation Form, and that I am signing this Amateur Status Confirmation Form of my own free will and accord.
- 7. **KO - TKO - INJURY SUSPENSIONS**
 - Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), or any kind of loss of consciousness in the last 30 DAYS prior to the date of this event during a bout, sparring or in any other activity?
 - _____ YES _____ NO
 - If yes, please list and give dates and details: _____
 - _____ - I am not under any Medical Suspension by any Sanctioning body, boxing or Athletic Commission or Medical supervisor of any kind in
 - _____ - I am not under any Disciplinary Suspension by any Sanctioning body, boxing or Athletic Commission or Medical supervisor of any kind in
 - _____ - I have not been Knocked Out, had my fight stopped due to excessive blows or sustained any head injuries that may have caused loss of consciousness within the last 30 days.
- 8. **FEMALES ONLY:** Are you pregnant? _____ YES - _____ NO
 - **Pregnancy Advisory Notice ALERT:** If you participate in combative sports when you are pregnant you could have a miscarriage or you and or your fetus could suffer permanent injury or death. VCCS (Virginia Combat Sports Sanctioning) cannot force you to have a pregnancy test as a requirement for licensing or before a bout. However, the VCCS (Virginia Combat Sports Sanctioning) strongly urges you to be tested before each of your bouts. The VCCS (Virginia Combat Sports Sanctioning) strongly urges you to not compete if you know or think you may be pregnant. Through this notice the VCCS (Virginia Combat Sports Sanctioning) informs you that the VCCS (Virginia Combat Sports Sanctioning) or any of its agents and the physician who conducts your pre-bout examination(s) is not responsible for any injury that you and or your fetus suffers if you compete when you are pregnant.
 - _____ You certify that you are not on a menstrual period during this bout/event and if so, will not fight.

I, (PRINT NAME) _____, declare under penalty of perjury under the rules and regulations of the VCCS (Virginia Combat Sports Sanctioning), that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against me.

Executed in the City & State as listed above on the _____ day of the month of _____, in the year 20 ____.

FIGHTER

Signature: _____ Print Name: _____

RELEASE FROM LIABILITY WAIVER FORM

EVENT DATE: Month: _____ Date: _____ Year: 20 _____
PROMOTERS NAME: _____ EVENT NAME: _____
NAME OF VENUE: _____
PHYSICAL EVENT LOCATION: _____

This RELEASE of Liability is a Legal Contract binding upon You, The VCSS (Virginia Combat Sports Sanctioning), The Promoter named above and any and all of these companies, federations or organizations associates, officials, employees and staff related to the event named above. You hereby consent and agree to completely accept alone any and all risks of injury or death, and You verify and confirm all of the below statements by placing your initials at each numbered item as well as signing your full name below.

READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.

1. _____ - Voluntary Application. I, the undersigned, acknowledge and state that I have ACCEPTED to compete in the EVENT NAMED ABOVE on the DATE NAMED ABOVE.
2. _____ - Assumption of risk. I am aware and understand that in general, full contact fighting is a dangerous and hazardous activity, and in particular, the techniques and methods of this convention, all in which as a competitor in this competition, I shall be participating, is an extremely dangerous and hazardous event. I am voluntarily and of my own free will submitting an application to compete in this event with full knowledge and understanding of the hazards involved.
3. _____ - Release. In consideration for (a) being accepted as a competitor of the EVENT NAMED ABOVE on the DATE NAMED ABOVE, (b) being entitled to participate in activities Sanctioned by the VCSS (Virginia Combat Sports Sanctioning) and Promoted by the PROMOTER named above and (c) being permitted to use facilities and equipment, whether owned or leased by The VCSS (Virginia Combat Sports Sanctioning) and or the PROMOTER named above and all associates, officials, employees, staff and fellow participants and trainers/coaches. I hereby agree that I, my heirs, distributees, guardians, successors in interest and legal representatives (collectively referred to as "Releasor") will not make a claim or file an action or suit against, sue, or attach the property of (a) the EVENT NAMED ABOVE on the DATE NAMED ABOVE which would include The VCSS (Virginia Combat Sports Sanctioning) and the PROMOTER named above or any and all of their officials, affiliated organizations, and/or their directors, officers, employees, agents or managers, fellow participants, trainers, and (b) any or all manufacturers, distributors, wholesalers, suppliers and/or retailers of the facilities and equipment I will use in connection with any and all activities Sanctioned by The VCSS (Virginia Combat Sports Sanctioning) and or Promoted by the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff (collectively referred to as the "suppliers"), (The organization) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff, and the Suppliers shall collectively be referred to as "Releasees), for damages, injury, emotional distress claims, bodily injury claims, and punitive damages, whether known or unknown, foreseen or not, due to or resulting from the acts, conduct, negligence, or misfeasance of, or omissions or failures to act by, the Releasees, or any of them.
4. _____ - Application of State Law. In further consideration of (a) being accepted as a competitor in the EVENT NAMED ABOVE on the DATE NAMED ABOVE, (b) being entitled to participate in activities conducted and Sanctioned by The VCSS (Virginia Combat Sports Sanctioning) and or Promoted by the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff, and (c) being permitted to use facilities and equipment, whether owned or leased by The VCSS (Virginia Combat Sports Sanctioning) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff, I hereby agree that this Release from Liability shall be interpreted under and construed in accordance with the laws of only the State or Province of Country named above, without the benefit of and fully disregarding all conflicts of the laws provisions of the State or Province of Country named above, so that any and all disputes, contentions, disagreements or controversies arising from or related to (a) this Release from Liability, (b) the application for acceptance into the Challenge, or (c) my participation in any and all activities sanctioned by The VCSS (Virginia Combat Sports Sanctioning) and Promoted by the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff, shall be interpreted under and in accordance with only the laws of the State or Province of Country named above regardless of my domicile or residency; and that the only court in which an action or suit may be brought in connection with the foregoing shall be the court of original jurisdiction of the State or Province of Country named above. Further, I waive any right I may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with

respect to any proceeding brought in accordance with this Release, and I stipulate that the courts of the State or Province of Country named above shall have in personal jurisdiction and venue over me for the purpose of litigation any dispute, controversy, or proceeding arising out of or related to this Release, The VCSS (Virginia Combat Sports Sanctioning) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff.

5. _____ - Health Advisory and Condition. I hereby acknowledge and understand that participating in this event involves extremely strenuous physical activity and heavy physical contact, and that I have been advised to consult a physician before commencing and undertaking such activity. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake this dangerous and hazardous competition.

6. _____ - Knowing and Voluntary Execution. I hereby declare that I have read this Release from Liability, and that I fully understand the meaning and importance of its contents. I acknowledge that this Release is a binding contract among The VCSS (Virginia Combat Sports Sanctioning) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff and myself, and that under this contract I am releasing The VCSS (Virginia Combat Sports Sanctioning) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff from all liability for 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.

Executed in the City & State as listed above on the _____ day of the month of _____, in the year 20_____.

Applicant/Releasor:

Signature: _____ Print Name: _____