

# MTC 2011 FIGHTER INFORMATION

(PLEASE PRINT CLEARLY!)

Fighter's Name: \_\_\_\_\_ Wt Bracket/Division: \_\_\_\_\_

## CONTACT & TRAVEL INFORMATION

### CONTACT INFORMATION:

In case we need to contact you during the tournament, please provide a contact phone number.

Cell: \_\_\_\_\_ Who's phone is this? Mine My Trainer My Spouse Other

If not your phone, name of person who's phone it is: \_\_\_\_\_

### TRAVEL INFORMATION:

I arrived by: (circle one) Car Bus Airplane If Air: please list airline: \_\_\_\_\_

If Air, please tell us when you depart. My flight leaves at: \_\_\_\_\_ AM PM on Sunday Monday

**NOTICE!** If you advance to the Championship round and fly out on Sunday, PLEASE notify us BEFORE leaving the ballroom on Saturday. If you don't notify us, your bout will not be moved to the front of the schedule. There is NO guarantee that we can move you far enough up to make your flight, but we will try.

## PLEASE ANSWER FOR OUR RECORDS (MARKETING INFORMATION)

Where are you staying during the tournament? (Circle One Below)

Holiday Inn Airport Radisson Fairfield Inn/Suites My Home Other: \_\_\_\_\_

Do you use: (Circle all that apply) Facebook Twitter MySpace LinkedIn Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: Single Married Engaged Divorced

Hobbies: \_\_\_\_\_ Residence: Own/Buying Rent Live w/Parents

## FIGHTER'S RECORD & AGREEMENT

Amateur MT/KB Record: W: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_ KO's: \_\_\_\_\_

Amateur MMA Record: W: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_ KO's: \_\_\_\_\_

Amateur Boxing Record: W: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_ KO's: \_\_\_\_\_

*"I confirm I have not been paid to fight and the fight record I listed above is my CURRENT fight record (as of 6/4/11) and includes ALL combative experience, including but not limited to Muay Thai, all styles of Kickboxing, Boxing, MMA, any non-sanctioned fights such as smokers, exhibitions and demos. If it is discovered that I submitted false information, my title will be publicly removed and I will be responsible for returning the title belt to the TBA-SA immediately."*

Fighter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MINORS -- If fighter is under 18, Guardian or Trainer must complete form and sign below.

Trainer/Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# TBA-SA FIGHTER PHYSICAL FORM

(Please Print Clearly)

**Fighters Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Promotion:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

## TO BE COMPLETED BY FIGHTER

	YES	NO
Do you have personal medical insurance? Name of policy holder: _____		
Have you ever been diagnosed with Diabetes?		
Do you ever experience chest pains while exercising?		
Have you ever been diagnosed with Asthma? If yes, do you require an inhaler? Yes No		
Have you ever been diagnosed with a heart defect or condition such as irregular rhythm, heart murmur, etc?		
If Yes, Please Explain: _____		
Do you have a congenital defect? If yes, what kind? _____		
Have you ever been diagnosed with high blood pressure?		
Have you ever been hospitalized?		
If Yes, Please Explain: _____		
Please list past surgeries and approx dates: _____		
Do you have any vision problems?		
Do you wear contact lenses?		
Have any immediate family members died before the age of 50? Cause? _____		
Do you have or have you ever had a hernia (groin or abdominal)?		
Have you ever had a head injury or concussion? If yes, when? ____/____/____		
Have you been knocked unconscious? If yes, list most recent 3: ____/____/____ ____/____/____ ____/____/____		
Have you have a contagious skin infection? If yes, circle all that apply: Staph Ringworm Other		
If yes, when was date of treatment? ____/____/____ If yes, when was last outbreak? ____/____/____		
Do you still have outbreaks on your skin?		
List Medications/Supplements you are currently taking: _____		
List fractures, dislocations, sprains or strains that required medical treatment in the past year: _____		

***"I have answered the above questions honestly and will discuss all medical history or concerns with the attending Medical Staff."***

**Fighters Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## TO BE COMPLETED BY MEDICAL STAFF

Pulse: _____ Blood Pressure: _____ Eyes: _____ Heart: _____	Lungs: _____ Hands: _____ Skin: _____ Appearance: _____	<b>Notes:</b> _____ _____ _____
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**Medical Staff Signature:** \_\_\_\_\_ **Printed Name of Medic:** \_\_\_\_\_

## TO BE COMPLETED BY TBA-SA REPRESENTATIVE

**Fighter's Official Weight:** \_\_\_\_\_ **All Required Paperwork completed:** Yes No

**Location of Weigh Ins:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TBA-SA Rep Signature:** \_\_\_\_\_ **Printed Name of Rep:** \_\_\_\_\_



# RELEASE FROM LIABILITY WAIVER FORM

EVENT DATE: June 4 & 5, 2011 START TIME: 8:00am

PROMOTER (S): RoundKick Promotions LLC & TBA-SA

STATE EVENT IS TAKING PLACE IN: Iowa

NAME OF VENUE: Holiday Inn Airport, Des Moines IA

This RELEASE of Liability is a **LEGAL CONTRACT** binding upon you, the promoter named above, The Thai Boxing Association-Sanctioning Authority and any and all of the promoter's associates, event sponsors, 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.

If fighter is under the age of 18, the fighter's guardian, parent, or trainer must complete the form, sign and assume full responsibility.

## **IF ANY OF THE BELOW IS UNLCEAR, PLEASE ASK TO HAVE IT EXPLAINED IT TO YOU!**

**\*\*\*You must verify that you have read and confirm all of the below statements by writing your initials at each numbered item. This document must also be signed below before a fighter will be allowed to participate in EVENT NAMED ABOVE.**

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, 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, compete in this event with full knowledge and understanding of the hazards involved.
3. \_\_\_\_\_ - **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.
4. \_\_\_\_\_ - **Medical Insurance.** I understand I am assuming all risks involved with participation in the EVENT NAMED ABOVE. A Medical Doctor is on site to attend to immediate needs, however, if my participation in the competition results in necessary additional medical care, I understand I must contact the TBA-SA main office within 48 hours of event in order to have medical coverage through the TBA-SA. If main office is not notified, I agree to assume full responsibility for any financial burden resulting from the medical care I sought.
5. \_\_\_\_\_ - **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 Promoted by PROMOTER NAMED ABOVE and (c) being permitted to use facilities and equipment, whether owned or leased by 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 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 Promoted by PROMOTER NAMED ABOVE and any and all of these companies, federations or organizations associates, officials, employees and staff (collectively referred to as the "suppliers"), and 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.
6. \_\_\_\_\_ - **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 promoted by 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 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 named above, without the benefit of and fully disregarding all conflicts of the laws provisions of the State 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 promoted by 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 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 named above. Further, I waive any right I may have to assert the doctrine of forum non convenes 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 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, and PROMOTER NAMED ABOVE and any and all of these companies, federations or organizations associates, officials, employees and staff.
7. \_\_\_\_\_ - **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 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 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/Releaser:

Fighter's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If fighter is under 18, Guardian or Trainer must complete form and sign below, please list relationship: \_\_\_\_\_

Trainer's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_