



AMERICAN AMATEUR MIXED MARTIAL ARTS, INC. NON-ATHLETE MEMBERSHIP APPLICATION

New Member:

Renewing:

Name: _____ Date of Birth: _____ Gender(M/F) _____
Last First Middle Initial

Address: _____
Street City State Zip

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

School Affiliation: _____ Email Address _____

Occupation: _____

US Citizen: Yes No Naturalized Permanent Resident Birth Country _____

TYPE OF MEMBERSHIP

Referee..... _____ Instructor..... _____
Judge..... _____ Registration Clerk..... _____
Timer Keeper..... _____ Master Official..... _____
Physician (MD or DO, fee is waived)..... _____

WAIVER AND RELEASE AND ASSUMPTION OF RISK

IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN A NON-ATHLETE CAPACITY, I AGREE:

- 1. I understand the nature of American Amateur Mixed Martial Arts, INC. activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if i believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- 2. **I FULLY UNDERSTAND** that: (a) American Amateur Mixed Martial Arts, INC. activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH** ("Risks); (b) these Risks and dangers may be caused by me or the actions or inaction of others participating i the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OT THE "RELEASEES" NAMED BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable **LOSSES, COSTS AND DAMAGES** incurred as a result of my participation in these activities.
- 3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** American Amateur Mixed Martial Arts, INC., it's schools, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
- 4. By signing below, I attest that I have never been charged with or convicted of a sex crime and authorize American Amateur Mixed Martial Arts to perform a criminal background check on me and I understand my application will be denied without refund.

Applicant's Signature _____ Date _____ Notary or Master Official _____ Date _____

This application must be accompanied by a copy of the applicant's driver's license or state ID