

**STATE OF NEW JERSEY**  
**STATE ATHLETIC CONTROL BOARD**  
**AMATEUR MUAY THAI CONTESTANT FORM**  
*(Form must be filled out completely)*

**Date of Event:** \_\_/\_\_/\_\_      **Name of Event:** \_\_\_\_\_

**Fighter Full Legal Name:** \_\_\_\_\_

**Alias:** \_\_\_\_\_

**Fighter Date of Birth:** \_\_/\_\_/\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Fighter Home Address:** \_\_\_\_\_

**Fighter Phone Number:** \_\_\_\_\_

**FIGHTER CERTIFICATION:** I hereby certify that I am skilled enough, healthy and ready to compete in this Amateur Muay Thai competition. I further certify that I have not engaged in any Professional or Professional Rules Style Muay Thai competitions and that I have not been paid to compete.

**FIGHTER SIGNATURE:** \_\_\_\_\_

**Trainer Name:** \_\_\_\_\_

**Trainer School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Trainer Contact Number:** \_\_\_\_\_

**TRAINER CERTIFICATION I,** \_\_\_\_\_  
hereby certify that Fighter is skilled enough, healthy and ready to compete in this Amateur Muay Thai competition. I further certify that Fighter has not engaged in any Professional or Professional Rules Style Amateur Muay Thai competitions and has not been paid to compete.

**TRAINER SIGNATURE:** \_\_\_\_\_

**1) Has Fighter ever competed in a Combative Sports contest in any jurisdiction? If yes, please list all dates, location, and result: If none. State none.**

**muay thai?**

**boxing?**

**Mixed martial arts?**

**2) Are you under a Medical or Disciplinary Suspension from any Athletic Commission or Sanctioning Organization? If yes, please explain: If none, state none.**

**The Contestant understands that by participating in this contest of unarmed combat, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Athletic Control Board (hereinafter 'SACB") or the State of New Jersey as the result of any injury the Contestant may suffer as a result of Contestant's participation In this contest. I have read and understand the above.**

**FIGHTER SIGNATURE: \_\_\_\_\_**

**The parties, jointly and severally hereby discharge, release, indemnify and hold harmless the SACB , the SACB's individual**

**members and employees, bout officials and agents, and the State of New Jersey in their individual, personal and representative capacities against any and all claims, suits, actions, debts and judgments, in law or equity, brought against the parties named in this agreement due to this agreement and all other matters relating hereto.**

**FIGHTER SIGNATURE:** \_\_\_\_\_

**The contest shall be conducted in accordance with the laws of the State of New Jersey and in accordance with the statutes, rules, regulations and policies of the SACB which are hereby made part of this agreement. It is understood and agreed that the rights and obligations of the parties hereto shall be governed by and construed in accordance with the laws of the State of New Jersey. I, the undersigned, hereby declare that I have read this Application and that all answers to the questions are true and complete. I understand that any misrepresentation or failure to answer shall constitute grounds for any applicable legal penalties.**

**FIGHTER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_