



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC  
 P.O. Box 4641  
 Riverside, CA 92514  
 INTERNET: www.camo-mma.org  
 PH: (213) 908-2185  
 FAX: (213) 908-2186 or (888) 663-9915

## ATHLETES APPLICATION FOR LICENSE AGREEMENT AND WAIVER

ORIGINAL  RENEWAL

**TYPE OF LICENSE AND ANNUAL FEE (Check appropriate box):**  
 All items must be submitted before license becomes active.

**Mixed Martial Arts and Pankration**

Athlete License: **\$75:** (No Gloves Included)

Office Use Only
License # _____
Date App Received _____
Amount Received \$ _____
Method of Payment _____
Check Number _____
Received By _____
Receipt # _____
Approve for License: _____

<b>Section 1. Please print the following information:</b>			<b>Social Security Number (Last 4):</b>
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Address:</b>			
<b>Street (No PO BOX)</b>	<b>City</b>	<b>State</b>	<b>Zip Code Country</b>
<b>Telephone number:</b>		<b>Email Address:</b>	
<b>Age:</b>	<b>Check One:</b> Male [ ] Female [ ]	<b>Birth Date:</b> (MM / DD / YYYY):	<b>Height:</b> ____ Ft. ____ In.
		<b>Weight:</b> _____ pounds	

**Amateur MMA Record\*:** \_\_\_\_\_(wins) \_\_\_\_\_(losses) \_\_\_\_\_(draws) \_\_\_\_\_(no contests)

\*For official record purposes, CAMO will only recognize participation by applicant in verifiable sanctioned amateur events. If record above is anything other than 0-0, please list verifiable events participated in for every fight listed on record (name of promoter, state, opponent, outcome and date of fight):

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**Section 2.** Please print the following information:

Have you ever used any other name(s)?  **YES**  **NO** If yes, list name(s):

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Have you ever been disqualified in any competition?  **YES**  **NO** If yes, please explain:

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Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, OR HCV )?  **YES**  **NO** If yes, please explain:

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**Section 3.** Please print the following information:

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
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_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or have you ever been fined by the California State Athletic Commission, another athletic commission or any similar governmental authority?  **YES**  **NO** If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION
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_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority?  **YES**  **NO** If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE
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_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime in the past 10 years? [ ] **YES** [ ] **NO** If YES, provide the following information:

OFFENSE	DATE OF CONVICTION	CITY, STATE, COUNTRY, SENTENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any charges pending against you by any law enforcement agency? [ ] **YES** [ ] **NO** If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY, HEARING OR TRIAL DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All items in this application are mandatory; none are voluntary.** Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure.

In consideration of me/my minor child being permitted to participate in any way in any events or activities conducted by, licensed by, supervised by, or otherwise connected with **CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.** (hereinafter the "Activity" or "Activities"), I agree that:

1. I (and my minor child, if applicable) have read and reviewed and hereby agree to comply with and to be bound by the Amateur Mixed Martial Arts Rules as adopted and modified from time to time by the California Amateur Mixed Martial Arts Organization, Inc. ("CAMO").
2. I (and my minor child, if applicable) understand the nature of the Activities and believe I am/(my minor child is, if applicable) qualified to participate in such Activity. I (and my minor child, if applicable) further acknowledge that I am (and my minor child is, if applicable) aware the activity may be conducted in facilities open to the public during the Activity. I (and my minor child, if applicable) further agree and warrant that if at any time I (and/or my minor child, if applicable) believe conditions to be unsafe, I (and/or my minor child, if applicable) will immediately discontinue further participation in the Activity.
3. I (and my minor child, if applicable) understand that: (a) the Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); and (b) these Risks and dangers may be caused by or increased by my own (and/or my minor child's, if applicable) actions, or inaction's, or negligence, the actions or inaction's or negligence of others participating in or supervising the Activity, and the conditions under which the Activity takes place; and (c) there may be other risks and social and economic losses either not known to me (and/or my minor child, if applicable) or not readily foreseeable at this time; and I (and my minor child, if applicable) **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my (or my minor child's, if applicable) participation in the Activity.

4. I (and my minor child, if applicable) **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS CAMO, its** directors, agents, officers, volunteers, employees, and other officials licensed by CAMO, and any sponsors and/or advertisers (hereinafter, collectively the "Releasees") from all liability, claims, demands, losses, or damages on my (and/or my minor child's, if applicable) account caused or alleged to be caused in whole or in part by the ordinary active or passive negligence of the "Releasees," in connection with Mixed Martial Arts and/or Pankration activities, including negligent rescue operations, and I (and my minor child, if applicable) further agree that if, despite this release, I (and/or my minor child, if applicable), or anyone on my (and/or my minor child's, if applicable) behalf makes a claim against any of the Releasees based on claims or causes of action for which I (and/or my minor child, if applicable) have released those Releasees, I (and my minor child, if applicable) **WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

5. I (and my minor child, if applicable) have read this Application, Agreement and Waiver and fully understand it's terms, understand that I (and my minor child, if applicable) have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

***I (and my minor child, if applicable) declare under penalty of perjury under the laws of the State of California, that I (and my minor child, if applicable) have read the foregoing application for a license, agreement and waiver, that all the answers given are my (and/or my minor child's, if applicable) own and that all the answers are true of my own knowledge. Further, I (and my minor child, if applicable) understand and agree that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.***

***Accepted and Agreed:***

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Applicant's Signature

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Date