



# EXPERT DIVISION APPLICATION

(By Instructor Recommendation Only)

JUNE 4, 2017

## COMPETITOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

TSMMA School \_\_\_\_\_ Weight \_\_\_\_\_ Belt Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender:  Male  Female    Select Events:  Grappling  MMA  Both

## METHOD OF PAYMENT

**Pre-registration:** \$85 for 1 event/\$160 for 2 events. Pre-registration Deadline 3/3/17

**Early Registration:** \$95 for 1 event/\$180 for 2 events. Early Registration Deadline 4/2/17

**Late Registration:** \$100 for 1 event/\$190 for 2 events. Late Reg Deadline 5/7/17

Cash     Check/Money Order # \_\_\_\_\_ (Checks payable to "Challenge of Champions")

Mastercard/Vista     American Express     Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

Past Event Credit/Code \_\_\_\_\_:  1 Event  2 Events

## MEDIA RELEASE AND WAIVER

I do hereby voluntarily submit my application for participation in the Challenge of Champions and do hereby willfully and knowingly assume all risks and full responsibility for any and all damages, and personal injuries of any nature whatsoever that I may sustain or incur while attending or participating in the aforementioned event and do hereby release, discharge, and agree to hold Challenge of Champions, LLC, its officers, directors, shareholders, employees, and affiliates harmless of and from any and all rights, claims, or actions that myself, my heirs, successors, or assigns may have against Challenge of Champions, LLC, its officers, directors, shareholders, employees, and affiliates individually or otherwise, and specifically covenant not to bring suit against the individuals or organizations mentioned above, fully recognizing that this covenant is part of the consideration for my approval to compete, and upon which Challenge of Champions, LLC has relied in accepting the above application. I further understand and am fully aware of the inherent risks of sustaining injury during the competition or in the preparation thereof and that I completely assume all risks and liabilities thereto. I fully understand that any medical treatment provided to me as a response to injury will be of the first aid type only. I also fully understand that I am solely responsible for payment for any and all additional medical services performed as a result of my injury.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Competitor or Parent/Guardian of Competitor(s) if under 18)

