

# Amateur Competition Application

<b>Gender:</b>	<b>Weight:</b>	<b>Height:</b>
<b>Age:</b>	<b>IML Division:</b>	
First Name:	Last Name:	MI
Street Address:		
City:	State:	Zip:
HM Phone:	e-mail:	
WK Phone:	Cell Phone:	
Date of Birth:	Occupation	

<b>Parent or Guardian 1 (or emergency contact)</b>		
First Name:	Last Name:	MI
Street Address:		
City:	State:	Zip:
HM Phone:	e-mail:	
Work Phone:	Occupation	
Date of Birth:		

Academy Name:	Instructor/trainer:
Academy Street address:	
City:	State:
Phone:	Zip:
Styles taught:	Email:



Win Loose Draw KO

Competition weight
Number of years in martial arts
Styles of martial arts studied
Number of years training in Muay Thai
Have you trained in Thailand? How long?

	Win	Loose	Draw	KO
Total number of combat sport scrimmage matches (smokers) you've competed in.				
Number of amateur Muay Thai matches you've competed in.				
Number of amateur kickboxing matches you've competed in.				
Number of MMA matches you've competed in.				
Number of boxing matches you've competed in.				

When was your last fight?

Have you ever suffered a concussion or a knock out? When?

List all previous surgeries with dates:

List all ongoing medical conditions:

List all previous injuries requiring medical attention:

List all medications you are taking with dosage and frequency:

List all nutritional supplements you are taking:

List any allergies or adverse reactions to any medications and explain:

List any limitations to medical treatment and explain:

<b>Do you have a history of or have been diagnosed with:</b>	<b>Yes</b>	<b>No</b>	<b>Do you take any of the following medications?</b>	<b>Yes</b>	<b>No</b>
Heart disease			Blood pressure medication		
Aneurism			Cardiac medication		
Hepatitis A B or C			Hormone replacement		
HIV			Steroids or Cortisone		
Asthma			Aspirin or anti-inflammatory drugs		
Bleeding disorders			Pain medications		
Seizures/ epilepsy			Anti-depressants		
Hernia			Sleeping pills		
Shortness of breath			Tranquilizers		
Bronchitis, chronic cough			Diuretics		
Tuberculosis			Diet pills		
Depression			Viagra		
Osteo or rheumatoid arthritis			Herbal supplements		
Lupus or autoimmune disease			Alcohol		
Hypertension			Narcotics or illegal drugs of any kind		
Blood clots					
Diabetes					
Headaches					
Thyroid disease			<b>Do you have any adverse reactions to:</b>		
Mitral Valve prolapsed (heart murmur)			Latex		
Drug abuse			Anesthesia		
Alcoholism			Antibiotics		
Cancer			Codeine		
Kidney disease			Demerol		
Hernia			Adhesive tape		
Venereal disease			Aspirin		
Antibiotic resistant staff			Sulfur		
			Penicillin		
			Valium		
			Iodine		
			Morphine		
			Suture material		

# Pre-Fight Physical Check

For medical personnel only. Do not write on this page unless you are a medical personnel.

Pass

Fail

Blood Pressure		
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Eyes (pupil response)		
Ears		
Lungs		
Abdomen		
Reflex response		
Obvious contagious conditions		
Neck and spine		
Toenails		

# ASSUMPTION OF RISK/WAIVER OF LIABILITY

This mutual binding arbitration agreement constitutes an integral part of a contract for potential medical services by and between \_\_\_\_\_, M.D hereafter referred to as Match Physician. / the International Muay Thai League , TCMA promotions inc, Total Confidence Martial Arts and,

Participant's Name: \_\_\_\_\_

who all agree to be bound as described hereunder:

1. It is understood that any dispute as to medical care or malpractice, that is, as to whether any medical services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration (RCW 7.04A) as provided in Washington law RCW 7.04A, and not by lawsuit or resort to court process except as Washington law provides for judicial review of arbitration proceedings. Both parties to this Contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.
2. Such arbitration shall be in accordance with the arbitration rules of the Washington state. This Mutual Binding Arbitration Agreement shall apply to any legal claim or civil action in connection with any and all medical care or medical services rendered, whether inpatient or outpatient, against the Match Physician or IML and TCMA promotions inc. employees, agents or contracted staff.
3. The execution of this Mutual Binding Arbitration Agreement shall not be a precondition of the furnishing of emergency medical services by the Match Physician. A participant may provide his or her own licensed medical doctor for event related care. This Mutual Binding Arbitration Agreement may be rescinded by written notice from the Patient or Patient's legal representative within 30 days of signature, but not after the event has begun.
4. The Mutual Binding Arbitration Agreement shall bind the parties hereto, including newborns, and the heirs, representatives, executors, administrators, successors, and assigns of such parties and newborns.

**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Signature: \_\_\_\_\_  
(participant/parent/legal guardian/legal representative)

**ASSUMPTION OF RESPONSIBILITIES AND RISK OF COMPETITION**

As a competitor, I, the undersigned, acknowledge that the martial art of Muay Thai is a contact sport. As a result, I am fully aware that even with safeguards, it is a dangerous activity. I am aware that the International Muay Thai League, TCMA promotions inc, and Total Confidence Martial Arts inc. will undertake all reasonable and appropriate actions to ensure that the competition complies with the standards adopted by the IML however, injury is still possible and likely. I am aware that the use of appropriate gloves, hand wraps, groin protectors, shin guards, mouth guards, and headgear is required in certain divisions by the IML rules. I am also aware that the IML and TCMA promotions will utilize competent ring referees whose primary goal will be to protect the individual competitors. I am also aware that you will have in attendance at ringside, a Board Certified Medical Doctor to oversee the conduct of the competitive event.

However, despite efforts and precautions, I am aware that I, as a competitor may encounter injuries including contusions (i.e., bumps, bruises), scrapes, cuts, scratches, and tissue soreness. I am also aware that more serious injuries are possible including sprains, strains, twists, cramps, joint injuries, and injuries of a similar magnitude. I am also aware that the possibility of very serious injuries exists including fractured bones, torn ligaments and other soft tissue, lacerations, joint dislocation injuries, head, face, and mouth injuries. Finally, I am aware that, although very rare, extremely serious injuries are possible including concussions and brain damage, crippling, or even death.

I, the undersigned, do understand the risks associated with Muay Thai contact competition as described in the statements above, and I ASSUME ALL RISKS ARISING OUT OF AND RELATED TO MY VOLUNTARY PARTICIPATION IN THE COMPETITION. I assume the risk of competition for myself (or, as it applies, of my minor child). I do understand my rights and responsibilities (or those of my minor child's) as a competitor, and I assume the responsibility for my own safety (or the safety of my minor child) I am also aware that I will be responsible for any and all medical treatment that is or becomes necessary after leaving the ring.

\_\_\_\_\_  
Initials

**AGREEMENT TO ABIDE BY THE RULES**

I have read the IML Rules Handbook and agree to abide by all rules regarding competition rules, use of safety gear, conduct etc.

\_\_\_\_\_  
Initials

**AUTHORITY TO TREAT**

I, the undersigned, give the instructors, staff and responsible adults the power to authorize medical or other treatment of the person named above under "Competitor" in the event of a medical emergency. If I am not the person so named, I am the parent, guardian or adult responsible for the person named, and I have legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment. If there is any specific reason you would not want first aid administered or any limitations to treatment, it is your responsibility to provide that in writing to this academy. This authority begins on the date signed and continues indefinitely.

By giving my authorization, I assume responsibilities for all decisions made, provided they are responsible decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and, if so, they may still be liable.

I understand that the staff, instructors, senior students, or others may have skills in first aid and CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

\_\_\_\_\_  
Initials

**GUARANTEE OF PHYSICAL PREPAREDNESS TO COMPETE**

I, the undersigned, represent and warrant that I am physically prepared to compete. I acknowledge that I am in good health and that I am currently fit to fight at my fullest capacity. If I am not able or become unable or concerned that I may be unable to fully and safely participate in the Competition, I will immediately notify the IML, the IML physician and the referee and inform them of any and all limitations that I may have that could affect my participation in the Competition. I agree and acknowledge that this representation and warranty shall be relied upon by IML, TCMA promotions, Total Confidence Martial Arts Inc. and each of their respective officers, directors, shareholders, employees, volunteers, and specifically the IML physician and the referees.

\_\_\_\_\_  
Initials

**GUARANTEE OF PHYSICAL ABILITY TO COMPETE**

By signing below I certify that I am not now, nor have I been treated for any medical conditions such as seizures, severe head trauma, visual impairment conditions, cardiac conditions, bleeding disorders, or any other potentially life-threatening ailment(s). I certify that I have not sustained any head injuries within the last six months including being knocked out and/or minor concussions.

\_\_\_\_\_  
Initials

**GUARANTEE OF FREEDOM FROM ILLEGAL SUBSTANCES**

By signing below I certify that I am not currently taking – or in the course of preparation for this event have I taken – any form of steroids, weight-reducing medications, stimulants, or any legal or illegal performance enhancing drugs.

\_\_\_\_\_  
Initials

**GUARANTEE OF FREEDOM FROM ILLNESS**

By signing below I certify that I have no blood borne illness such as HIV, Hepatitis or any other potentially contagious and health threatening illness not listed.

\_\_\_\_\_  
Initials

**GUARANTEE OF FREEDOM FROM INHIBITING SUBSTANCES**

I certify that I am not currently taking any prescribed medication that would interfere with my ability to compete, nor am I under the influence of alcohol, narcotics or any substance that would impair my abilities.

\_\_\_\_\_  
Initials

**CONSENT TO RELEASE MEDIA**

I understand that this event is being filmed for promotional purposes, dvd resale, and broadcast. All images are the sole property of TCMA promotions and the IML. I hereby release any claim on any pictures or video that may be taken of me during this event and I give my consent for these images to be used by TCMA promotions and the IML in any way they see fit. I furthermore release any claim to damages real or imagined that may occur if the images of me appear unfavorable.

\_\_\_\_\_  
Initials

**AGREEMENT TO RELEASE AND HOLD HARMLESS**

The IML, TCMA promotions and Total Confidence Martial Arts Inc. and all of their agents, officers, directors employees, and event workers (collectively referred to as "All Event Personnel" ) **shall not be liable** for any claims, demands, injuries, damages, actions or causes for actions whatsoever to myself and/or to my property arising out of or connected with my participation in the Competition. I hereby **expressly release and discharge** All Event Personnel from any and all, demands, injuries, damages, actions, or causes of actions, and **expressly waive** any and all claims demands, injuries, damages, actions, or causes of actions that I may be able to bring against the All Event Personnel arising out of and/or related to my participation in the Competition except those arising out of intentional actions by the same.

I agree to indemnify and hold the All Event Personnel harmless from any and all claims, demands, injuries, damages, actions, or causes of actions related to or regarding my participation in the Competition regardless of whoever may bring such action or claim. Such indemnity and hold harmless shall include any all attorneys fees and costs incurred in the defense of such action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship (if other than self)

Accepted by: