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Waiver Form For Fighters

This waiver between the promoter of the event: _____ and between

(Print Name) _____ herein called fighter, do agree that I (the fighter) state that no responsibility of _____ or their staff, officers, or workers, be they fully employed, hired, or part time, to be held responsible for any (a) personal loss of property, equipment, clothing, or for any physical injuries that I (the fighter) may receive or to (b) any medical attention needed during the event. That I will not place blame or responsibility on the promoter, the USMTA or their staff, officers, or workers, be they fully employed, hired, or part time. I affirm that I understand and have agreed to the rules regulations of the event sanctioned by the USMTA, the Judges, Referees, and its officials of the AMTJRA, and that I will not hold responsible pertaining to part (a) and part (b). I affirm that I have agreed to take part in this event named: _____ and dated: _____, of my own free will. I fully understand that I may be injured or hurt, and that Muay Thai is a full contact sport and martial art, and herein by my signature do submit my consent to all the above, with no restrictions.

Important Information

The Promoter and USMTA is committed to conduct its extracurricular programs and activities in the safest manner possible and holds the safety of its students and participants in the highest regard. Participants and parents registering their son(s)/daughter(s) in the school training programs must recognize, however, that there is always a slight risk that an unforeseen injury may occur when participating in these activities. Please review your health insurance policy for coverage. It must be noted that absence of health insurance coverage does not make The Promoter, The USMTA automatically responsible for the payment of medical expenses. Your cooperation is appreciated.

Release of All Claims for Parents

Please read this form carefully and be aware in registering yourself, son(s)/daughter(s) for participation in the above training programs, you will be waiving and releasing all claims for any injuries yourself, your son(s)/daughter(s) may sustain while participating in any of the training programs. I do hereby fully release and discharge the Promoter, the USMTA and their employees and officers from any and all claims of injuries, damage, or loss that my son(s)/daughter(s) may have arising out of any accidental or negligent action or through fault of my own, connected with, or in any way associated with the activities of the programs.

I further agree to indemnify and hold harmless and fend the Promoter, the USMTA and its officers, agents, servants, and employees from any and all claims resulting from injuries, and losses sustained by myself, my son(s)/daughter(s) arising out of, connected with, or in any way associated with the activities of the schools training programs or events. In the event of an emergency, I authorize the Promoter, the USMTA officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for myself, my son(s)/daughter(s) immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the above program details, Waiver and Release of All Claims, and permission to secure treatment. I further grant my permission to my son(s)/daughter(s) to fight at the event dated above under the guidelines and protection of the USMTA.

Attendee Information:

First Name: _____ Last Name: _____

Address: _____ Apt #: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Work Phone: _____ E-mail: _____

Emergency Contact: Tel. _____ Tel. _____ Signed this day of: _____ Year (2009)

If over 18 years old Sign here: Signature: _____

Signature of parent or legal guardian: _____

For minors a Parent, Legal Guardian or Coach signs here:

Print Name of Parent, Legal Guardian or Coach here: _____

Witnessed by: _____ Print Name: _____

This waiver form endorsed by USMTA Official: _____