

# UNLIMITED KICKBOXING

Official Weight \_\_\_\_\_

1000 Jacklin Road  
Milpitas, Ca 95035  
408-946-2151  
www.unlimitedkickboxing.com

## Saturday August 30th (weigh in 10:30am) Submission Wrestling Competitor Application

Weight classes 125-35() 136-45() 146-155() 156-70() 171-85() 186-205() 206-65() above()  
Experience Novice()(0-6 months) Beginner()(6-12 months) Intermediate()(1-2 years)  
Advanced()(Above 2 years)

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School/Team: \_\_\_\_\_ Trainer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Height: \_\_\_\_\_ Weight (will weigh in) \_\_\_\_\_ Age: \_\_\_\_\_  
Training Experience (include all wrestling, Judo, BJJ etc. in months): \_\_\_\_\_

### WAIVER, RELEASE OF LIABILITY AGREEMENT

**Important: this release is a legal contract binding upon you, Unlimited Kickboxing, its employees and associates. Read it carefully and obtain legal assistance if you do not understand it.**

I, the undersigned, acknowledge and state that I have voluntarily applied to become a guest of and to participate in the activities of Unlimited Kickboxing, including, but not limited to, the instructions, techniques and methods commonly known as "Submission Wrestling". I am aware and understand that Submission Wrestling is a potentially dangerous activity. I am voluntarily, of my own free will, submitting an application for becoming a participant in this event with full knowledge and understanding of the serious potential dangers and hazards involved. I hereby consent and agree to completely accept alone any and all risks of injury or death. I also acknowledge and understand that the performance, practice and utilization of Unlimited Kickboxing methods involve extremely strenuous physical activity, and that I have been advised to consult a physician before commencing and undertaking such activities. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake the activities and practices of Unlimited Kickboxing. I hereby declare that I have read this release of liability, and that I fully understand the meaning and importance of its contents. I acknowledge that this release form is a binding contract between Unlimited Kickboxing and its associates; and that under this contract I am releasing Unlimited Kickboxing and its associates from all liability for any claims I may have against them. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this contract and that I am signing this contract of my own free will and accord.

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

#### IF UNDER 18 YEARS OLD

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Applications or drop off at:

**Unlimited Kickboxing**  
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