



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC  
 INTERNET: www.camomma.org  
 E-MAIL: info@camomma.org  
 FAX: (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:<br>_____ |

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

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 |
|-----------------|--------------|-------------------|----------------|
|-----------------|--------------|-------------------|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 |
|---------|-----------------|------------------------|--------------|
|---------|-----------------|------------------------|--------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 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 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 understand the nature of the Activities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware the activity may be conducted in facilities open to the public during the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
3. I 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 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 or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in the Activity.
4. **I 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 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 further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees based on claims or causes of action for which I have released those Releasees, I 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 have read this Application, Agreement and Waiver and fully understand it's terms, understand that I 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 declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a license, agreement and waiver, that all the answers given are my own and that all the answers are true of my own knowledge. Further, I 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