

CHALLENGE OF CHAMPIONS
47
THE ORIGINAL
MMA TOURNAMENT

TOURNAMENT APPLICATION
DECEMBER 8, 2019



DIVISION BELT RANGES

39 Years Old and Younger

BEGINNER: White to Hi Blue Belt

INTERMEDIATE: Lo Yellow to Hi Green Belt

ADVANCED: Lo Red to Hi Brown Belt

EXPERT: Black Belt

40 Years Old and Older

BEGINNER to INTERMEDIATE: White to Hi Yellow Belt

INTERMEDIATE to ADVANCED: Green to Hi Brown Belt

EXPERT: Black Belt



COC 47 REGISTRATION

DECEMBER 8, 2019

COMPETITOR 1 INFORMATION

First Name _____ Last Name _____

Email _____ Mobile Phone _____

TSMA School _____ Weight _____ Belt Color _____ Birth Date _____

Gender: Male Female Select Events: Jiu-Jitsu Kickboxing Both

COMPETITOR 2 INFORMATION

First Name _____ Last Name _____

Email _____ Mobile Phone _____

TSMA School _____ Weight _____ Belt Color _____ Birth Date _____

Gender: Male Female Select Events: Jiu-Jitsu Kickboxing Both

COMPETITOR 3 INFORMATION

First Name _____ Last Name _____

Email _____ Mobile Phone _____

TSMA School _____ Weight _____ Belt Color _____ Birth Date _____

Gender: Male Female Select Events: Jiu-Jitsu Kickboxing Both

METHOD OF PAYMENT

Early Registration: \$95 for 1 event/\$180 for 2 events. Early Registration Begins: 9/9/19 Ends: 10/13/19

Late Registration: \$100 for 1 event/\$190 for 2 events. Late Registration Begins: 10/14/19 Ends: 11/10/19

Mastercard/Vista American Express Discover

Card Number _____ Expiration Date _____ CV _____

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)