



Registration Form

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

D.O.B: ____/____/____ Age: ____

Team: _____

Parental Waiver and Self Consent Form

As the participant, parent or legal guardian of the participant below, I hereby give my full consent and approval for myself or child to participate as a competitor in the Florida Xtreme Grappling Tournament. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to mine or my child's participation, and I am willing to assume these risks for myself or my child. I hereby certify that I or my child is fully capable of participating in the designated sport and that I or my child am/is healthy and have/has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my or my child's participation, I do hereby waive, release and hold harmless Florida Xtreme Grappling LLC, it's officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by myself or my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. In addition, I hereby grant full permission to any all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any record of this event for any purpose.

BY SIGNING BELOW I FULLY UNDERSTAND AND ASSUME THE REAL RISK OF INJURY OR DEATH ASSOCIATED WITH SUBMISSION GRAPPLING. I ALSO CERTIFY THAT, I AM 18 YEARS OF AGE OR THE LEGAL GUARDIAN OF THE PARTICIPANT BELOW.

Please Print - Participants Name D.O.B.

Please print - Parent or Legal Guardian's Name

X _____
Participant's Signature Date

X _____
Legal Guardian's Signature Date