



ARKANSAS STATE ATHLETIC COMMISSION
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KICKBOXING / MIXED MARTIAL ARTS CONTRACT REPORT

Date the contract for this event is entered into: _____, 20____

Contestant's Information:	Promoter's Information:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____

Contestant agrees to participate in a _____ round bout against _____ at the maximum weight of _____ pounds. The event will be held on the _____ day of _____, 20____ at _____ which is located in _____, Arkansas. Contestant will be paid after the final bout of the evening.

Additional Terms: _____

Contestant voluntarily and knowingly agrees to participate in this event. KICKBOXING AND MIXED MARTIAL ARTS CONTESTS ARE DANGEROUS. Contestant hereby acknowledges he/she may suffer permanent physical injuries from kickboxing and/or mixed martial arts, either in this single event or from participating in multiple events. Contestant hereby releases the Promoter, Sponsors, and the State of Arkansas, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by Contestant during participation in this event.

Contestant's Signature: _____	GROSS PURSE: \$ _____
Promoter's Signature: _____	Deductions: _____ \$ _____ \$ _____ \$
Contestant's Manager: _____	

CONTESTANT WILL BE PAID: \$ _____