



## Arkansas State Athletic Commission

Arkansas Department of Health/Combative Sports  
4815 W. Markham St. Slot 36 Little Rock, AR 72205

PHONE(501)687-1038 FAX(501)255-0394

Email Address: [ASAC@Arkansas.gov](mailto:ASAC@Arkansas.gov)

Internet Address: [www.ASAC.Arkansas.gov](http://www.ASAC.Arkansas.gov)

### Parental/Guardian Consent & Release for Minor

- Any person under eighteen (18) years old must complete this form and obtain the verified signature of his or her parent or legal guardian before licensure and before participation in each Combative Sports Event.
- Promoter shall insure this form is properly executed & submitted to the Commission for all minor Contestants prior to Event.
- Commission reserves the right to reject or disapprove this form for any reason.

In consideration of being permitted to participate in a Combative Sports activities (“Activities”), as such is defined in Arkansas Code Annotated § 17-22-201 *et seq.* and/or the Arkansas State Athletic Commission’s Regulations (“Regulations”), I, the undersigned, hereby, for myself and for my estate, heirs, executors, administrators and assigns forever acquit, discharge, and release the State of Arkansas and all of its political subdivisions, departments and agencies and their respective agents, commissioners, directors, employees, inspectors, contractors, volunteers, and sponsor(s) (“Released Parties”) from any and all liability for and forever waive any and all right(s) to and agree not to pursue any claim, lawsuit or other legal action, whether now existing or arising in the future, against the Released Parties for any damages and/or injuries suffered by me before, during, after or otherwise resulting in any way from my participation in or traveling to or from the Activities. I agree to indemnify the Released Parties for any and all legal fees, associated costs or judgments resulting, directly or indirectly, from all legal actions and threatened legal actions brought or threatened by myself or my estate, heirs, executors, administrators and assigns.

Although precautions may be taken to ensure my safety, I fully understand and appreciate the fact that the Activities will expose me to a very high risk of incurring serious personal injury including, without limitation, brain damage, broken bones, bruising, loss of eyesight, neurological damage, permanent paralysis, and death (“Personal Injury”). I voluntarily and knowingly recognize, accept and assume the risk of and responsibility for Personal Injury to myself resulting from my participation in the Activities. For my safety and the safety of others, I agree to abide by all Regulations and instructions of the Official at any Event and the Event facilities. I understand and agree medical or other services rendered to me by or at the request of any Released Party is not an admission of liability nor does it obligate the Released Parties to provide or continue to provide any such services and shall not act as or be construed as a waiver or renunciation by any Released Party of any right, waiver or release obtained hereunder.

I certify and affirm I have no injuries or health conditions, nor have I had such within the twelve (12) months preceding the date of this Release, including, without limitation, asthma, broken bones, blurred or reduced vision, hypertension, irregular heartbeat, brain injury or concussion, excepting those injuries or health conditions I have listed below. I further agree that should I incur or develop any injury or health condition, whether or not specifically mentioned above, I will immediately notify both the Arkansas State Athletic Commission and the Promoter of any Event in which I participate and will not participate in any Activities until I have received written approval from a licensed medical doctor after a physical examination. I certify I have consulted with and received medical clearance from a licensed medical doctor prior to participation in the Activities.

**Pre-Existing Medical Conditions or Injuries:** \_\_\_\_\_

**I UNDERSTAND THIS WAIVER AFFECTS MY LEGAL RIGHTS AND I SHOULD CONSULT AN ATTORNEY BEFORE SIGNING THIS WAIVER. I CERTIFY I HAVE READ & UNDERSTAND THE FOREGOING.**

Contestant’s Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contestant’s Date of Birth (Must Show Picture ID): \_\_\_\_\_ Event Location if for Single Event/Activity: \_\_\_\_\_

**IF UNDER EIGHTEEN (18) YEARS OLD, PARTICIPANT MUST HAVE THE CONSENT OF A PARENT OR LEGAL GUARDIAN BY HAVING THE SAME EXECUTE THE WAIVER CONTAINED ON THE SECOND PAGE OF THIS FORM UNDER SUPERVISION OF A NOTARY PUBLIC OR AN ARKANSAS ATHLETIC COMMISSION OFFICIAL:**

