



BORN TO FIGHT

Submission Grappling Registration Form

All sections must be completed. For further information call (408) 729-4468 or email jane@cungle.com.

SECTION I. Personal Information

Last Name: _____	First Name: _____
Address: _____	City, State, Zip: _____
Telephone: _____	Email Address: _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female
Height _____	Weight _____

SECTION II. Training Information

School: _____
Instructor Name: _____
Address: _____ City, State, Zip: _____
Telephone _____ Email _____
Website: _____

SECTION III. Fighter Information

<i>Please select a Division and Level</i>		
<input type="checkbox"/> Men's Division	<input type="checkbox"/> Novice (less than 9 mo.) <input type="checkbox"/> Beginner (less than 18 mo.)	<input type="checkbox"/> Intermediate (2-4yrs) <input type="checkbox"/> Advanced (4+yrs)
<input type="checkbox"/> Men's Masters Division (30yrs and above)	<input type="checkbox"/> Beginner (18 Mo. & Below)	<input type="checkbox"/> Advanced (18 Mo. & Above)
<input type="checkbox"/> Women's Division	<input type="checkbox"/> Beginner (18 Mo. & Below)	<input type="checkbox"/> Advanced (18 Mo. & Above)
<input type="checkbox"/> Junior Division (Ages 15-17yrs)	<input type="checkbox"/> Beginner (18 Mo. & Below)	<input type="checkbox"/> Advanced (18 Mo. & Above)
<input type="checkbox"/> Kids Division (Ages 5-14yrs)	<input type="checkbox"/> Novice (less than 4 mo.) <input type="checkbox"/> Beginner (less than 18 mo.)	<input type="checkbox"/> Advanced (18 Mo. & Above)

SECTION IV. Payment Information (check one)

<input type="checkbox"/> Early Registration (payment received by September 25th)	\$30
<input type="checkbox"/> Late Registration (payments received after September 25th. Last day of registration is Friday, October 2nd.)	\$40
<input type="checkbox"/> Payment by Cash or Check	
<input type="checkbox"/> Payment by Credit Card	Card Number: _____ Expiration Date: _____
<input type="checkbox"/> Visa	Name on card: _____
<input type="checkbox"/> MasterCard	Billing Address: _____
<input type="checkbox"/> American Express	_____
	Telephone: _____

All sections must be completed and faxed (408) 923-7000 or returned to:

Universal Strength Headquarters, Attn: Born to Fight
720 Montague Expressway, Milpitas, CA 95035



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Submission Grappling Registration Form Cont'd

SECTION VI. Liability Waiver

Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I, the undersigned ("Participant"), knowingly and without duress, do voluntarily submit my entry for participation in USH Born to Fight (the "Event") sponsored by Universal Strength Headquarters (the "Organizers").

I KNOW THE NATURE OF THE EVENT(S) and my own experience and capabilities, and believe I am qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used that I may come into contact. IF I BELIEVE ANYTHING IS UNSAFE, I WILL IMMEDIATELY REFUSE TO PARTICIPATE FURTHER IN THE EVENT.

I FULLY UNDERSTAND that: (a) THE ACTIVITIES OF THE EVENT(S) CAN BE DANGEROUS and participation in the Event(s) involve risks and dangers or serious bodily injury, including permanent disability, paralysis and death ("RISKS"); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, or the NEGLIGENCE OF THE "RELEASES" named below; (c) there may be other risks not known to me or that are not readily foreseeable at this time; (d) the social and economic losses and/or damages that could result from those risks could be sever and could permanently change the participant's future.

I CONSENT to participation in the Event(s) AND HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN, AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH AN INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASES NAMED BELOW.

If, despite, this RELEASE, the PARTICIPANT or anyone on the PARTICIPANT'S behalf makes a claim against any of the "Releases" named above, I JOINTLY AND SEVERALLY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASES" NAMED ABOVE. WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I CERTIFY THAT I AM OVER THE AGE OF EIGHTEEN (18). I HAVE READ THIS CONSENT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR PARTICIPANT MIGHT OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASSIONED BY THE RELEASES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Participant over 18yrs

Printed Name

Date

IN CONSIDERATION of our minor child, _____
(print child's name) ("The Minor Participant") being permitted to participate in any way in USH's BORN TO FIGHT , we agree to the foregoing release. We sign this agreement on our own behalf and on behalf of the Minor Participant. In the event that only one parent is signing this PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, such parent represents and warrants to the Releases that the other parent of the Minor is deceased.

Signature of First Parent or Guardian

Printed Name

Date

Signature of Second Parent or Guardian

Printed Name

Date