

Nebraska Athletic Commission

Disclaimer / Waiver

____ PRO Boxing ____ Wrestling ____ Mixed Martial Arts

NAME: _____ DOB: _____ SSN#: _____

Name of emergency contact: _____ Phone #: _____

I certify that I have no injuries to my hands, neither fractures nor broken bones within the past 90 days from today's date. I certify that I have no injuries to my head including concussions, dizziness, loss of balance or fainting spells. I do not have any neck, bone, or spinal injuries or suffer from headaches or blurred vision. I am not being treated for any medical or neurological condition by a physician that would disqualify me from participating in today's scheduled bouts. I certify that I am not under the influence of alcohol, or any illegal or performance enhancing drugs. I also agree pursuant to the NAC rules and regulations to voluntarily participate in any pre-bout or post-bout anti-doping test as required /ordered by the commission or physician in attendance.

In addition, I understand and appreciate that participation in the sport of boxing, wrestling or mixed martial arts carries a risk to me of serious injury, including permanent paralysis or possible death. I voluntarily and knowingly recognize, accept, and assume any and all risk associated with the sport in which I intend to compete today.

(Female contestants in addition to the above paragraphs) certify that I am not pregnant, or have painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (etiology), recent developed breast mass, recent breast dysfunction previously not present and have no known medical condition that would disqualify me as a participant in today's scheduled bouts. Professional Boxers, Professional and Amateur MMA contestants must disclose surgical breast implants to the attending ring physician.

I agree to abide by the NAC rules and regulations, Statutes 81-8, 128 through 81-8, 142 revised and reissued. I hereby, for myself, my heirs, executors, administrators assign, waive, and release any and all rights to any claims for injuries/damages I may or might have against the State of Nebraska, Director of the Athletic Commission, Inspectors/Assistants, its employees, and assigns of these entities, for any injury/damage suffered by me, whether arising from the negligence of the releases or otherwise, during my participation in today's scheduled and approved event.

With my signature, I hereby waive all provisions of HIPAA and give my informed consent for the release of all medical records, testing results, to include blood testing results for HEP B & C and HIV to the Nebraska Athletic Commissioner or his/her designated representative. This information may only be used for statutory compliance, prevention of fraud or treatment of any injuries sustained during today's scheduled and approved bouts.

Signature of Contestant: _____ Date: _____

Commission Representative: _____ Date: _____