



COC 50 REGISTRATION

Sunday, December 4th, 2022

COMPETITOR 1 INFORMATION

First Name _____ Last Name _____

Email _____ Mobile Phone _____

TSMA School _____ Weight _____ Belt Color _____ Birth Date _____

Sex: Male Female Select Events: Jiu-Jitsu Kickboxing

COMPETITOR 2 INFORMATION

First Name _____ Last Name _____

Email _____ Mobile Phone _____

TSMA School _____ Weight _____ Belt Color _____ Birth Date _____

Sex: Male Female Select Events: Jiu-Jitsu Kickboxing

REGISTRATION

Early Registration: \$100 for 1 event/\$190 for 2 events. **Early Registration Begins: 9/12/2022 Ends: 10/10/2022**

Late Registration: \$110 for 1 event/\$210 for 2 events. **Late Registration Begins: 10/11/2022 Ends: 11/7/2022**

1 Event 2 Events

METHOD OF PAYMENT

Mastercard/Visa American Express Discover

Card # _____ Expiration Date _____ CVV _____

Card Holder Name _____ Signature _____

MEDIA RELEASE AND WAIVER

I do hereby voluntarily submit my application for participation in the Challenge of Champions and do hereby willfully and knowingly assume all risks and full responsibility for any and all damages, and personal injuries of any nature whatsoever that I may sustain or incur while attending or participating in the aforementioned event and do hereby release, discharge, and agree to hold Challenge of Champions, LLC, its officers, directors, shareholders, employees, and affiliates harmless of and from any and all rights, claims, or actions that myself, my heirs, successors, or assigns may have against Challenge of Champions, LLC, its officers, directors, shareholders, employees, and affiliates individually or otherwise, and specifically covenant not to bring suit against the individuals or organizations mentioned above, fully recognizing that this covenant is part of the consideration for my approval to compete, and upon which Challenge of Champions, LLC has relied in accepting the above application. I further understand and am fully aware of the inherent risks of sustaining an injury during the competition or in the preparation thereof and that I completely assume all risks and liabilities thereto. I fully understand that any medical treatment provided to me as a response to injury will be of the first aid type only. I also fully understand that I am solely responsible for payment for any and all additional medical services performed as a result of my injury.

Date _____ Signature _____

(Competitor or Parent/Guardian of Competitor(s) if under 18)