



SAAMA FIGHT NIGHT XI – YOUTH WAIVER

COMPETITOR INFORMATION

Full Name: _____

Age: _____ Weight: _____ Birthdate: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

GYM & COACHING

Gym: _____ Coach: _____

Walkout Song: _____

PARTICIPATION & LIABILITY CONSENT

I, _____ (parent or legal guardian full name), give permission for the above-named competitor to participate in SAAMA Fight Night XI hosted by the Southern Alberta Academy of Martial Arts on November 7, 2026.

- I understand that martial arts involves physical contact and carries inherent risks.
- I acknowledge that this is a sparring/smoker event and my child will compete under the designated Fight Night rule set.
- I understand that my child may be disqualified if they do not follow event rules.
- I release Southern Alberta Academy of Martial Arts and SAAMA Fight Night from liability for injuries that may occur during participation, recognizing that my child and I accept the risks associated with this type of event.

PHOTOGRAPHY AND VIDEOGRAPHY CONSENT

I give SAAMA Fight Night permission to photograph or record my child during the event and to use these images for promotional, educational, and fundraising purposes in print or digital formats. I understand that:

- Images or video may be used publicly (including websites and social media).
- Materials may be used worldwide and without time limitation.
- No compensation will be provided.

Parent/Guardian Signature: _____

Date: _____