

# KOMBAT CREED CHAMPIONSHIP LLP



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## Indemnity Form/Consent Form

I, \_\_\_\_\_ the undersigned MMA fighter, hereby acknowledge and accept full responsibility for all risks associated with my participation in this event. I fully understand that mixed martial arts involves potential injury, harm, Loss of life and limb or other medical complications. I voluntarily agree to indemnify, release, and hold harmless the promotion, event organisers, sponsors, agents, staff, and all affiliated parties from any and all liability, claims, medical expenses, or treatment costs arising from my participation. I confirm that I am physically fit and willingly participate at my own risk. This indemnity is binding upon me, my heirs, and legal representatives.

Participant's Name :

Participant's Signature:

Address :

E-Mail Id :

Phone NO. :

Parent or Guardian's Signature (if under 18):

Date:

For Kombat Creed Championship LLP

*Rohit Nanda*

Partner

Kombat Creed Championship LLP