FIGHTER’S AFFIDAVIT - TRAINER’S ACKNOWLEDGEMENT

(Please check one below)

O BOXING  O MIXED MARTIAL ARTS

By signing this form below you are certifying that __________________________________________

(Name of Fighter)

he/she has, in your judgment, the necessary skills to qualify and be licensed as a

PROFESSIONAL FIGHTER in the State of Rhode Island.

• The above named fighter has been training at your gym how long?

___________________________________________________________________

• Name and location of the gym where the Fighter has trained:

___________________________________________________________________
___________________________________________________________________

• You have witnessed the above named Fighter spar and train and feel he/she is duly qualified: O Yes O No

• List his/her overall amateur record: _______________________________________

Do you hold any type of license with the Rhode Island Athletic Commission or any other state/tribal Commission? If yes, please list:

_________________________________________________________________________________

Trainer’s/Manager’s Name: _______________________________________________________________(Please Print)

By signing below you acknowledge that the above named Fighter is ready and able to compete in a Professional bout. That you have read and understand the terms contained herein and you are executing the Acknowledgement freely and voluntarily.

TRAINER (Signature): _______________________________ Date: _______________