

# AUSTRALIAN FEDERATION OF BRASILIAN JIU JITSU

In Association with IBJJF

## APPLICATION CHANGE OF RANK

Name:

Address:

City: State: Post Code: Country:

Home Phone: E-mail:

Date of Birth: LAST BELT: NEW BELT: DATE REC'

Academy: Professor (AFBJJ/ IBJJF Certified):

### Requirement Number 1

For those athletes older than 18 years.

I do hereby submit my application for rank change to the AFBJJ (Australian Federation of Brazilian Jiu Jitsu Inc.). I authorize, and agree to hold harmless, whatever medical personnel that may be present at any event sponsored by AFBJJ to take any action necessary, should I become injured. I further understand that tickets will be sold to spectators to watch the tournament; that news media and others will cover the tournament and that it may also be videotaped or otherwise shown to audiences around the world. I hereby consent to having my likeness shown, publicized, commented and/or reported on, and I do not expect to, and in fact waive any rights and compensation I might otherwise be entitled to as a result thereof. I represent that I am in good health; that I am not presently, nor will I participate while under the influence of any drug or medication; that no one affiliated with this organization has encouraged me to enter or made any representations regarding my fitness or ability to participate; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement.

Athlete Signature:

Date:

### Requirement Number 2

For those athletes younger than 18 years

I \_\_\_\_\_ (legal parent) do hereby submit the athlete application for rank change with AFBJJ (The Australian Federation of Brazilian Jiu Jitsu Inc.). I authorize, and agree to hold harmless, whatever medical personnel that may be present at any event sponsored by AFBJJ to take any action necessary, should the athlete become injured. I further understand that tickets will be sold to spectators to watch the tournament; that news media and others will cover the tournament and that it may also be videotaped or otherwise shown to audiences around the world. I hereby consent to having my likeness shown, publicized, commented and/or reported on, and I do not expect to, and in fact waive any right and compensation I might otherwise be entitled to as a result thereof. I represent that the athlete is in good health; that I am not presently, nor will I participate while under the influence of any drug or medication; that no one affiliated with this organization has encouraged me to enter or made any representations regarding my fitness or ability to participate; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement. Furthermore, if the competitor is a minor, I hereby certify that I am Parent or legal guardian of the above named minor; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement on behalf of the minor and myself.

Responsible Person Signature:

Date:

Academy Head Instructor (AFBJJ Certified) Name:

Signature: DATE: