

ISCF FIGHTERS SUSPENSION NOTICE



FIGHTER: _____ DATE: ____/____/____

EVENT CITY: _____ STATE: _____ COUNTRY: _____

REASON: ____ KO ____ TKO ____ INJURY ____ DISCIPLINARY

EXPLAIN SUSPENSION: _____

____/____/____ BEGINNING DATE OF SUSPENSION	TRAINING ACTIVITY SUSPENSION COMPETITION SUSPENSION	____/____/____ ENDING DATE OF SUSPENSION
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The ISCF may Suspend an ISCF Fighter, Fighting on an ISCF Sanctioned Event for medical or disciplinary reasons. If for MEDICAL REASONS, The ISCF may also require medical testing as required to further review the Fighter's injuries before fighting again. **This suspension is for ALL FULL CONTACT FIGHTING – NOT Just ISCF Events.**

FIGHTER – PLEASE REVIEW THE FOLLOWING ITEMS

- 1: If you lose by TKO there is an automatic 30-DAY SUSPENSION. Unless the ISCF Representative and Event Doctor see a reason the suspension may be less than 30 days. If so, they will explain above.
- 2: If you lose by KO there is an automatic 45 DAY SUSPENSION.
- 3: Your suspension shall be upheld by ALL State Athletic/Boxing Commissions and ALL Sanctioning Bodies.
- 4: If you fight while suspended you will face an additional suspension and monetary fines no less than \$250.00 up to \$5,000.00 per incident.
- 5: REQUIRE MEDICAL TESTS: _____

ATTENTION FIGHTER - DANGER SIGNS

Notify the ringside physician of any injury sustained During your fight. You should seek immediate medical attention at the closest hospital Emergency room if you experience any of the following:
NAUSEA OR VOMITING - / - DIZZY, WOOLY OR SLEEPY - / - BLACK SPOTS, FLASHING LIGHTS - / - CONFUSION - / - PAIN IN THE EYE - / - UNABLE TO WALK STRAIGHT - / - SEVERE HEADACHES - / - DOUBLE OR BLURRED VISION OR AREAS OF BLACKNESS

I hereby declare that I am the fighter above and I have read & fully understand the meaning & importance of its contents. I acknowledge that this is a binding agreement between the ISCF & myself. I further declare & represent that I am at least 18 years of age, that I have full legal capacity to be bound by this agreement, & that I am signing this agreement of my own free will and accord.

Executed at _____ PM, on this _____ day of _____ in the year 20____

ISCF REPRESENTATIVES PRINTED NAME: _____

ISCF REPRESENTATIVES SIGNATURE: _____ DATE: ____/____/____

EVENT MEDICAL DOCTORS PRINTED NAME: _____

EVENT MEDICAL DOCTORS SIGNATURE: _____ DATE: ____/____/____

FIGHTERS SIGNATURE: _____ **DATE:** ____/____/____

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