

IKF FIGHTERS SUSPENSION NOTICE

IKF Event Representative: Please Print Off "Several" Of These Forms In Color To Have With You At Event.
Use Carbon Paper For Duplicating. Keep Original - Copy To Suspended Fighter

FIGHTER: _____ **DATE** ____/____/____

EVENT CITY: _____ **ST/PROV:** _____ **COUNTRY:** _____

REASON: ____ **KO** ____ **TKO** ____ **INJURY** ____ **DISCIPLINARY**

EXPLAIN SUSPENSION: _____



<p>____/____/____ BEGINNING DATE OF SUSPENSION</p>	<p>_____ TRAINING ACTIVITY SUSPENSION</p> <p>_____ COMPETITION SUSPENSION</p>	<p>____/____/____ ENDING DATE OF SUSPENSION</p>
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The IKF may Suspend an IKF Fighter, Fighting on an IKF Sanctioned Event for medical or disciplinary reasons. If for MEDICAL REASONS, The IKF may also require medical testing as required to further review the Fighter's injuries before fighting again.

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 then 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, WOOZY 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 myself & the IKF. 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 _____ **AM/PM,** on this _____ **day of** _____ **in the year 20** _____

FIGHTERS PRINTED NAME: _____

FIGHTERS SIGNATURE: _____ **DATE:** ____/____/____ **200** _____

IKF REPRESENTATIVES PRINTED NAME: _____

IKF REPRESENTATIVES SIGNATURE: _____ **DATE:** ____/____/____ **200** _____

EVENT MEDICAL DOCTORS PRINTED NAME: _____

EVENT MEDICAL DOCTORS SIGNATURE: _____ **DATE:** ____/____/____ **200** _____