

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE STATE ATHLETIC COMMISSION 2601 NORTH 3rd Street HARRISBURG, PA 17110

Gregory P. Sirb
Executive Director

Printed Name of Trainer

Telephone: (717) 787-5720 Fax: (717) 783-0824

Date

Request for Waiver of Amateur Muay-Thai Rules

Section 1. Must be completed and signed by amateur Muay-Thai fighter (applicant) , am requesting a Waiver of the Amateur Muay-Thai I, Rules. Name of Fighter which will allow me to use / strike with elbows provided I am wearing SAC approved elbow pads. Also, I will not be required to wear shin and instep pads during this bout. Headgear is still required. Name of opponent also requesting waiver: Date and location of bout: Applicant signature Section 2. Must be completed and signed by the Muay Thai's current Trainer I certify that has, in my judgment, the necessary skills, training, conditioning and experience to qualify for the Waiver of the Amateur Muay-Thai Rules, which will allow this fighter to strike/use elbows and not be required to wear shin and instep pads during this bout. > The above-named fighter has been training at my gym. YES / NO Name and location of the gym: Length of time training at this gym: > I have witnessed the above-named fighter compete in Commission-sanctioned amateur MMA/Muay-Thai events and feel he/she is duly qualified for a waiver of the amateur rules. YES / NO Win/loss amateur record of this fighter: Date of last bout: Result of last bout: Do you hold any type of license with the PA State Athletic Commission or any other state/tribal Athletic Commission? If YES, list the type of license and state licensed:

Signature

^{*} This form MUST be completed for EACH amateur Muay-Thai fighter who is applying for a Waiver of the Rules for EVERY bout in which a Waiver is requested.