



VANCOUVER ATHLETIC COMMISSION

PROMOTER-CONTESTANT CONTRACT

(PLEASE TYPE OR PRINT)

1. This AGREEMENT \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, is between, \_\_\_\_\_ (PROMOTER), and \_\_\_\_\_ (FIGHTER), of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

whose birth date is \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.

2. This contest or BOUT shall be part of the promotion scheduled to occur on \_\_\_\_\_, \_\_\_\_\_, 2010 at the \_\_\_\_\_, commencing at \_\_\_\_\_ am/pm.

3. The parties have entered into this AGREEMENT where the FIGHTER shall engage in a BOUT against \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

4. This BOUT shall be limited to \_\_\_\_\_ ROUNDS or a DECISION for a PURSE of \_\_\_\_\_ (\$ \_\_\_\_\_) dollars in \_\_\_\_\_ funds.

5. The PROMOTER and FIGHTER agree that this BOUT shall be subject to the CONDITIONS AND PROCEDURES FOR PROFESSIONAL Sanctioned Events of the Vancouver Athletic Commission.

6. The FIGHTER agrees to meet a weight of not more than \_\_\_\_\_ pounds at the pre-fight WEIGH-IN conducted by the Vancouver Athletic Commission and the Medical Director and agrees to the procedures outlined in the document "Weigh-In Protocol - Vancouver Athletic Commission" including the forfeiture of purse money in the event that the FIGHTER exceeds the above weight.

7. The FIGHTER agrees to provide confirmation of his/her present medical coverage, including the coverage carrier and policy number.

8. The PROMOTER and FIGHTER shall provide the Vancouver Athletic Commission a copy or copies of any additional contract(s) related to this BOUT or promotion. NOTE: In the event the Vancouver Athletic Commission (VAC) is not responsible for holding the purse, the promoter and fighter shall provide their agreed upon contract to the VAC.

9. The FIGHTER agrees to consent to random urine or other sample for banned substances, including prescription and non-prescription drugs, as per the World Anti-Doping Agency's International Standard for prohibited substances.

SIGNED:

\_\_\_\_\_  
NAME OF PROMOTER

\_\_\_\_\_  
NAME OF FIGHTER/ MANAGER

\_\_\_\_\_  
SIGNATURE OF PROMOTER

\_\_\_\_\_  
SIGNATURE OF FIGHTER/ MANAGER

CHECKLIST

Proof of Medical Insurance (Non-resident) \_\_\_\_\_ Pre-fight Medical received \_\_\_\_\_ Blood Tests received \_\_\_\_\_

Licence paid \_\_\_\_\_ Record checked \_\_\_\_\_