

ASSUMPTION OF RISK RELEASE FORM

Louis Neglia & Ray Longo Combat at the Capital May 29th, 2009

THE FIGHTER/PARTICIPANT ASSUMES ALL RESPONSIBILITY FOR ANY AND ALL RISK OF DAMAGE OR INJURY THAT MAY OCCUR TO FIGHTER/PARTICIPANT WHILE ATTENDING AND PARTICIPATING IN THIS EVENT.

IN LOUIS NEGLIA AND RAY LONGO'S COMBAT AT THE CAPITALE ON MAY 29TH, 2009. YOU ARE RESPONSIBLE TO USE YOUR OWN MEDICAL COVERAGE SHOULD YOU BE INJURED IN ANY MANNER DURING YOUR PARTICIPATION AT THE "COMBAT AT THE CAPITAL".

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL COSTS INCURRED BY YOUR PARTICIPATION IN THE "COMBAT AT THE CAPITAL" IF YOU DO NOT HAVE MEDICAL INSURANCE.

YOUR ACKNOWLEDGE THAT MEDICAL INSUANCE IS NOT BEING PROVIDED BY THE PROMOTOR, THE VENUE, THE LICENSIING OR SANCTIONING BODY FOR YOUR PARTICIPATION IN THE EVENT.

IF YOU ARE UNDER 18 YEARS OLD THIS DOCUMENT MUST BE SIGNED BY YOUR LEGAL GAURDIAN.

LEGAL GAURDIAN SIGN HERE:

_____ 5-29-2009

FIGHTER/PARTICIPANT SIGN HERE:

_____ 5-29-2009