



OKLAHOMA PROFESSIONAL BOXING COMMISSION

1000 NE 10th St., Rm. 1213

Oklahoma City, OK 73117-1299

Tel. (405) 271-5243

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Email: Boxing@health.state.ok.us

http://www.health.state.ok.us/box/

PROFESSIONAL BOXING CONTRACT REPORT

Date the contract for this event is entered into: _____, 200_____

Boxer's Information:	Promoter's Information:
Name: _____	Name: _____
Federal ID Number: _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Telephone: _____	_____

Boxer agrees to participate in a _____ round bout against _____ at the maximum weight of _____ pounds. The event will be held on the _____ day of _____, 200_____ at _____ which is locate in _____, Oklahoma. Boxer will be paid after the final bout of the evening.

Additional Terms: _____

Boxer voluntarily and knowingly agrees to participate in this event. **BOXING IS DANGEROUS.** Boxer hereby acknowledges he/she may suffer permanent physical injuries from boxing or kickboxing, either in this single event or from participating in multiple events. Boxer hereby releases the Promoter, sponsors, and the State of Oklahoma, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by Boxer during participation in this event.

Boxer's Signature: _____

GROSS PURSE: \$ _____

Promoter's Signature: _____

Deductions: _____ \$

Boxer's Manager: _____

_____ \$

_____ \$

BOXER WILL BE PAID: \$ _____