



# OKLAHOMA PROFESSIONAL BOXING COMMISSION

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## APPLICATION FOR PROFESSIONAL WRESTLING LICENSE \$20.00 License Fee

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Ringname: \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| 1. Have you ever had a license denied or revoked by any state?             | Yes _____ | No _____ |
| 2. Are you currently licensed as a professional wrestler in another state? | Yes _____ | No _____ |
| 3. Have you ever been licensed in Oklahoma?                                | Yes _____ | No _____ |

**Experience/Qualifications:** List your experience, training, and qualifications for a professional wrestling license:

\_\_\_\_\_

\_\_\_\_\_

Wrestler voluntarily and knowingly agrees to participate in professional wrestling events. **PROFESSIONAL WRESTLING EVENTS ARE DANGEROUS.** Professional wrestler hereby acknowledges he/she may suffer permanent physical injuries from professional wrestling, either in a single event or from participating in multiple events. Professional wrestler 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 professional wrestler during participation in a professional wrestling event(s). I certify that I have read the foregoing application for professional wrestling license, and that all the answers given are my own; that all the answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commission Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_