



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.
1010 Wilshire Blvd., Suite 311. Los Angeles, CA 90017
INTERNET: www.camo-mma.org
PHONE: (213) 908-2185 FAX: (213) 908-2186

Amateur Mixed Martial Arts and Pankration
PROMOTER APPLICATION INSTRUCTIONS

You must submit the application form before or with your initial event request and other licensing materials. Event requests will not be accepted without an application form already on file with CAMO. Upon registration and payment, license will be issued if approved, but will be on Inactive status pending receipt of fingerprint scan and approval of background check (applicants who are already licensed as a promoter with the CSAC, and who's license is active and in good standing shall not be required to supply fingerprint scans or do an additional background check).

___1. ONLINE PROFILE AND PHOTOGRAPH – Complete online profile at www.camo-mma.org and upload one recent and clear digital photo (if a corporation, photo should be of president/CEO).

___2. APPLICATION – Complete the attached Promoter Application for License and Agreement and Waiver and fax or mail the completed form along with the Application/License Fee to CAMO.

NOTE: The license will expire one year from the date the license is issued, i.e. a license issued on February 1, 2007 will expire on January 31, 2008.

___3. LICENSE FEE – \$500.00 by Credit Card, Check, or Money Order (no cash please). If payment is made by credit card, please fill out and fax/mail the attached credit card authorization form.

___4. FINGERPRINT SCAN – A LiveScan fingerprint and background check may be required in the future.

___5. EVENT REQUEST FORM – Complete an Event Request Form (copy attached) a minimum of four (4) weeks prior to any proposed event.

___6. PROPOSED BOUT CARD – Complete a Proposed Bout Card (copy attached) upon CAMO's approval of Promoter's Event Request Form, but in any event, no later than two (2) weeks prior to any proposed event.



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PROMOTER APPLICATION FOR LICENSE AGREEMENT AND WAIVER

ORIGINAL RENEWAL

The following items must be included with this Application For License, Agreement and Waiver or it will be returned.

- \$500 Promoter Annual Application/License Fee
- Personal Resume of each applicant
- Financial Statement of each applicant
- Articles of Incorporation

Office Use Only

License # _____
Date App Received _____
Amount Received \$ _____
Method of Payment _____
Check Number _____
Received By _____
Receipt # _____

Approved for License:

1. Name of Applicant: _____

2. Sole Proprietor Corporation Partnership Other

3. Doing Business as (Name of Promotion): _____

4. Social Security Number(s) or FEIN(S): _____

5. Business address:

Street _____

City _____ State _____ Zip Code _____

6. Business Telephone #: _____

7. Cell Telephone #: _____

8. FAX #: _____

9. E-mail and Website Address: _____

Name: _____ Address: _____ Telephone Number: _____
President: _____
Vice-president: _____
Secretary: _____
Treasurer: _____
Directors or Trustees: _____
Shareholders not named who own 10% or more of shares: _____

11. Date of incorporation: _____ State of Incorporation: _____

If a California corporation, attach a copy of articles of incorporation bearing the stamp of the California Secretary of State. If incorporated in another state, attach Certificate of Qualification

12. If the promoter is a partnership, list all general and limited partners:

Name: _____ Social Security Number/FEIN: _____

13. Name of matchmaker (if any):

14. If promoter applicant is planning to act as matchmaker, list matchmaking experience:

15. Does matchmaker own a part of the Applicant (e.g. Shareholder, partner, etc.): Yes No If answer is yes, what interest does he/she own?

16. Give details of financial agreements with your matchmaker: State whether he/she receives a flat salary or a percentage of net profit or gate receipts. _____

17. List names and addresses of all persons connected with you as a promoter (other than employees) and all financial backers and describe their connection or relationship to you and financial arrangements with them:

If there is a contract, submit a copy.

List all shareholders, bondholders, mortgagees and any other person who is connected with the Applicant (other than as an employee) or who has an ownership interest in Applicant or who will share, directly or indirectly, in the proceeds or profits or bear any of the losses in connection with the management, operation or conduct of the Applicant. List all persons on reverse side.

18. I agree to promptly advise CAMO in writing of any change in the list of persons named above who may have a financial interest in the Applicant or in the legal organization of the Applicant.

19. Give three (3) financial references: (include bank reference)

| Name | Address | Telephone Number |
|------|---------|------------------|
|------|---------|------------------|

20. Does any MMA fighter, manager, or other MMA participant have a financial interest in the Applicant or in any of its promotions, or is any such individual under any contractual obligation to the Applicant?

Yes No (if answer is yes, indicate individuals name(s) and explain

21. Has any individual, director, officer, or partner applying for this promoter license ever previously applied for or obtained a promoter license in the state of California? Yes No If yes, when:

22. Has any person applying for this promoter license (including officers, partners, or stockholders having greater than a 10% interest) ever been convicted of any offense other than minor traffic violations? Yes No (You must answer yes even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under section 1203.4 of the penal code.) If answer is yes, explain and attach copy of conviction:

23. Has any person applying for this promoter license ever been denied, disciplined, fined, suspended or revoked by any athletic commission? Yes No If answer is yes, explain:

24. Has any individual applying for this promoter's license ever used any other name(s)?

Yes No If answer is yes, list name(s): _____

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Applicant hereby agrees to the following:

1. The Applicant has read and reviewed and hereby agrees to comply with and to be bound by the Amateur Mixed Martial Arts Rules as adopted and modified from time to time by the California Amateur Mixed Martial Arts Organization, Inc. ("CAMO").

2. THE APPLICANT HEREBY RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS CAMO, its directors, agents, officers, volunteers, employees, and other officials licensed by CAMO, and any sponsors and/or advertisers (hereinafter, collectively the "Releasees") from all liability, claims, demands, losses, or damages on its account caused or alleged to be caused in whole or in part by the ordinary active or passive negligence of the "Releasees," in connection with Mixed Martial Arts and/or Pankration activities, including negligent rescue operations, and Applicant further agrees that if, despite this release, it, or anyone on its behalf makes a claim against any of the Releasees based on claims or causes of action for which it has released those Releasees, APPLICANT WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

3. Applicant has read this Application, Agreement and Waiver and fully understands it's terms, understands that Applicant has given up substantial rights by signing it and has signed it freely and without any inducement or assurance of any nature and intends it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Applicant hereby certifies under penalty of perjury under the laws of the state of California, that all answers have been completed by it and are true to the best of its knowledge. Applicant understands and agrees that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license it is applying for. Applicant hereby agrees to keep books, records and accounts, in a business like manner and that said books, records and accounts, including all canceled checks, will be made available to CAMO, and its authorized employees or representatives for their examination.

Signature(s) and address(es) required: Sole Proprietor - The real party in interest
Partnership - All general partners
Corporation - President

Signature: _____ Date: _____

Address: _____

City State Zip Code

Telephone Number: _____

Signature: _____ Date: _____

Address: _____

City State Zip Code

Telephone Number: _____

Signature: _____ Date: _____

Address: _____

City State Zip Code

Telephone Number: _____



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EVENT REQUEST

| | |
|---|-------------------------------------|
| PROMOTER: | DATE/TIME OF THIS REQUEST: |
| License#: | |
| DATE/TIME OF PROPOSED EVENT: | VENUE OF PROPOSED EVENT: |
| | |
| START TIME: | TELEVISION COVERAGE/NETWORK: |
| | |
| MATCHMAKER: | WEIGH-IN LOCATION/TIME: |
| | |
| Event Type: (Pro-Am MMA, Amateur MMA, or Pankration) | VENUE SEATING CAPACITY: |
| | |

EVENT & OFFICIAL FEES DUE: CAMO Event Fees shall be paid to CAMO no later than three weeks prior to the scheduled event. No event will be either authorized or announced on the CAMO Event Calendar unless event fees have been paid. Event Fees are nonrefundable. In accordance with MMA Rule 901, CAMO will designate the officials for the event, but the officials will be employed and compensated by Promoter, not CAMO. Prior to the event commencing, Promoter shall provide the Lead Inspector with an envelope containing cash payment for all of the officials.

FULL DISCLOSURE: Is there any person or business entity, other than the licensed promoter of record for this event that will receive revenues or other compensation from the sale of tickets or from the sale of souvenirs, programs, broadcast rights, or any other concessions in conjunction with the promotion of the program of matches?

YES **NO**

If YES, Please include copies of contractual arrangements. If YES, please provide complete details to include Name, Address, Telephone Number and Anticipated Revenue Source (ticket sales, television rights, concessions, etc.) (Use additional sheet if necessary.)

| | |
|------------------------------------|------------------------------------|
| NAME: | NAME: |
| | |
| ADDRESS: | ADDRESS: |
| | |
| TELEPHONE: | TELEPHONE: |
| | |
| ANTICIPATED REVENUE SOURCE: | ANTICIPATED REVENUE SOURCE: |
| | |



WAIVER OF AMMA RULE 616 REQUIREMENT RE SHORT-TERM MEDICAL ASSISTANCE INSURANCE:

AMMA Rule 616, in part, requires Promoter to carry short-term medical insurance covering the event. CAMO has secured an accidental injury medical payments policy with limits of \$25,000 per person (\$2,000 limit for dental injuries) with a \$500 deductible per injury. The actual terms of the policy are available for inspection on CAMO's web site. As the CAMO policy will provide this coverage for athletes in a CAMO sanctioned event, upon the request by Promoter [signified by checking and initialing the box below], and payment by Promoter to CAMO of \$_____ at the same time the Event Fees are paid, and Promoter's agreement to pay the deductible(s) which may become applicable [also signified by checking and initialing the box below], CAMO will waive the Rule 616 requirement the Promoter acquire short-term medical assistance insurance for this event.

WAIVER REQUESTED _____

(Promoter's initials)

WAIVER & RELEASE: The undersigned Promoter understands and acknowledges that the doctor(s), inspectors, judges, referees, timekeepers, and other officials licensed by CAMO (hereinafter the "Officials"), who will be assigned by CAMO to participate in the event, are not employees of CAMO, but will be hired by the Promoter for the event. Promoter understands and accepts the risk that one or more of those Officials may, for some valid or invalid reason fail, refuse, or be unable to promptly or ever fulfill that assignment. Should this occur, the event may be delayed, be unable to go forward, or be cancelled. For most circumstances, the Officials can be replaced, but the doctor(s) can be difficult to replace. For this reason, CAMO recommends, but does not require, that Promoter hire two ringside physicians to reduce this risk. Regardless of whether Promoter elects to hire the recommended number of doctors or Officials, Promoter agrees to accept these risks, and for good and valuable consideration received, hereby releases, discharges, holds harmless, covenants not to sue, and agrees to indemnify and defend the CAMO and its Officials from all liability, causes of action, claims, demands, losses or damages, caused or alleged to be caused in whole or in part by the failure, refusal or delay, of one or more of the Officials to timely fulfill their assignments at the event, including when due to the active or passive negligence of CAMO or the Officials.

PROMOTER _____

By (Signature) _____

Date: _____



CAMO Official Fee Schedule

ANNUAL CAMO LICENSE FEES:

| | |
|---|-------|
| Athletes (includes official gloves and rashguard, record keeping and listing in database) | \$115 |
| Athletes Minors - must be 16 yrs old or younger (includes official gloves and rashguard, record keeping and listing in database) | \$95 |
| Promoters (includes listing in database, event listings and access to fighter contact info and searchable database) | \$500 |
| Seconds | \$20 |
| Inspectors | \$45 |
| Referees | \$40 |
| Judges | \$40 |
| Timekeepers | \$25 |

*****Mileage Reimbursement:** In addition to the below fees, Promoters must reimburse all CAMO officials working the event in the amount of \$0.50 per mile (round trip) for the distance between the official's home and the venue***

AMATEUR MMA EVENT FEES:

| | Under 500 Seats | Over 500 Seats |
|--------------------|-----------------|----------------|
| CAMO Event Fee* | \$1250 | \$2500 |
| Inspectors: | | |
| Lead | \$150 | \$200 |
| Senior | \$75 | \$100 |
| Junior | \$50 | \$50 |
| Judges | \$100 | \$150 |
| Referees: | | |
| Senior | \$250 | \$400 |
| Junior | \$100 | \$200 |
| Timekeeper | \$50 | \$75 |
| Ringside Physician | \$250 | \$350 |

PRO-AM MMA EVENT FEES:

| | Under 500 Seats | Over 500 Seats |
|------------------|----------------------------|----------------------------|
| CAMO Event Fee | \$200 per Amateur fight | \$250 per Amateur fight |
| Lead Inspector | \$150 | \$200 |
| Junior Inspector | \$50 (\$75 if at weigh-in) | \$50 (\$75 if at weigh in) |

PANKRATION EVENT FEES:

| | Under 500 Seats | Over 500 Seats | <u>Tournament:</u> if over 8 hours, below fee is for each additional period of up to 6 hours; no more than 14 hours in one day |
|---|-----------------|----------------|--|
| CAMO Pankration Event Fee* | \$500 | \$1000 | Addtl. \$500 per period |
| Inspectors: | | | |
| Lead | \$150 | \$200 | Addtl. \$100 per period |
| Senior | \$75 | \$100 | Addtl. \$75 per period |
| Junior | \$50 | \$50 | Addtl. \$30 per period |
| Referee: If Pankration referees need training | \$350 | \$350 | \$350 |

*CAMO Event Fees are all an advance against 5% participation in gate revenue per Section 502 of the AMMA Rules.

EVENT INSURANCE**REQUIREMENTS:**

| | | |
|-------------------|--|--|
| Medical Coverage | \$25,000 accidental medical expense | \$25,000 accidental death and dismemberment |
| General Liability | \$1,000,000 per occurrence | \$2,000,000 per event |



4605 Lankershim Blvd. Ste 721, North Hollywood, CA 91602

Telephone: 888.988.0075 Facsimile: 888.988.0076

www.megagrouponline.com CA License PI16621

NOTIFICATION AND RELEASE AUTHORIZATION

In connection with my request to be considered for a license by **CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC. ("CAMO")**, I understand that prior to a determination as to whether or not to grant a license, or at any time after a license has been issued or denied, CAMO may request a Consumer Report on me from **MEGA GROUP ONLINE INC**, utilizing public records, including but not limited to, my Social Security number, motor vehicle operation history, workers' compensation information and criminal history to the extent permitted by law from various local, state and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Pre-employment Evaluation Report or Equifax Credit Report for Employment may be requested prior to licensure, or at any time after a license has been granted or denied, Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH, OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY MEGA GROUP INC., DEEMED PERTINENT TO MY LICENSURE.

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Acts, and the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if a license is denied because of information obtained from a Reporting Agency. If so, I will be so advised in writing and be given the name, address, and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a few copy of the Report from the Reporting Agency (under no circumstances shall such costs exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Mega Group Inc will provide my with investigative information in my file during normal business hours via telephone or upon written request, by certified mail to a specified addressee, or telephone as permitted by law.



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I understand that Mega Group Online Inc is Consumer Reporting Agency and it is not their policy to be involved in or make licensure decisions or recommendations; however Mega Group Online Inc will provide a written explanation of any coded information contained in my file.

I understand and hereby instruct Mega Group Online, Inc. that any Consumer Report or Investigative Consumer Report requested will be used strictly for determining my suitability to be granted a license by CAMO, which use is specifically, authorized by me under §604(a)(2) of the Fair Credit Reporting Act. In addition, as part of any licensure granted by CAMO, Mega Group Online, Inc. is hereby authorized and instructed by me to periodically obtain a Consumer Report on me as may be requested by CAMO. A photographic or facsimile copy of this form shall be as valid as the original.

The following information must be filled out completely and signed to be considered (please print):

Last Name _____ First _____ M.I. _____

Home _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____ State _____

Date of Birth _____

Have you used any other names or social numbers in the past? If yes, please provide all the below.

Do you have a "Security Freeze" on your TransUnion credit report? No Yes
If yes, please provide the PIN number? _____

- I do not wish to receive a copy of any report obtained about me.
- I wish to receive a copy of any report obtained about me.
(There will be no charge to you if requesting this copy.)

Signed: _____ Dated: _____

(Attention: This form must be sent to Mega Group along with the search request.)