



**LOUISIANA STATE BOXING & WRESTLING COMMISSION**

**P.O. Box 13126 Monroe, LA 71213**

**Tel. (318) 362-4529**

**Fax (318) 362-4628**

**PROFESSIONAL BOXING CONTRACT REPORT**

Date the contract for this event is entered into: \_\_\_\_\_, 201

This contract IS  / IS NOT  part of a master promotional contract between the parties.  
If a master promotional contract exists between the parties, attach a copy.

<b>Boxer's Information:</b>	<b>Promoter's Information:</b>
Name: _____	Name: _____
Federal ID Number: _____	Address: _____
Address: _____	Telephone: _____
Telephone: _____	
<b>Aids Test Taken in last 6 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Boxer agrees to participate in a \_\_\_\_\_ round bout against \_\_\_\_\_ at the approximate weight of \_\_\_\_\_ pounds. The event will be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 at \_\_\_\_\_, which is located at \_\_\_\_\_, Louisiana. Boxer will be paid after the final bout of the evening.

**Additional Terms:**

**ANY BOXER** who has entered into a contract to participate in a bout who shall find that for any reason or cause he will not be able to carry out his contract and does not notify his promoter and the Louisiana State Boxing & Wrestling Commission of his incapability to do so and the reason or cause therefore, or whose reason or cause therefore is not considered by the Commission as satisfactory, will be penalized by the Commission.

**BOXER** voluntarily and knowingly agrees to participate in this event. **BOXING IS DANGEROUS.** Boxer hereby acknowledges he 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 Louisiana, 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 Initials:** \_\_\_\_\_

Boxer's Signature: \_\_\_\_\_ Promoter's Signature: \_\_\_\_\_

Boxer's Manager: \_\_\_\_\_ GROSS PURSE: \$ \_\_\_\_\_

Deductions: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

BOXER WILL BE PAID:\$ \_\_\_\_\_

**APPROVED:** \_\_\_\_\_